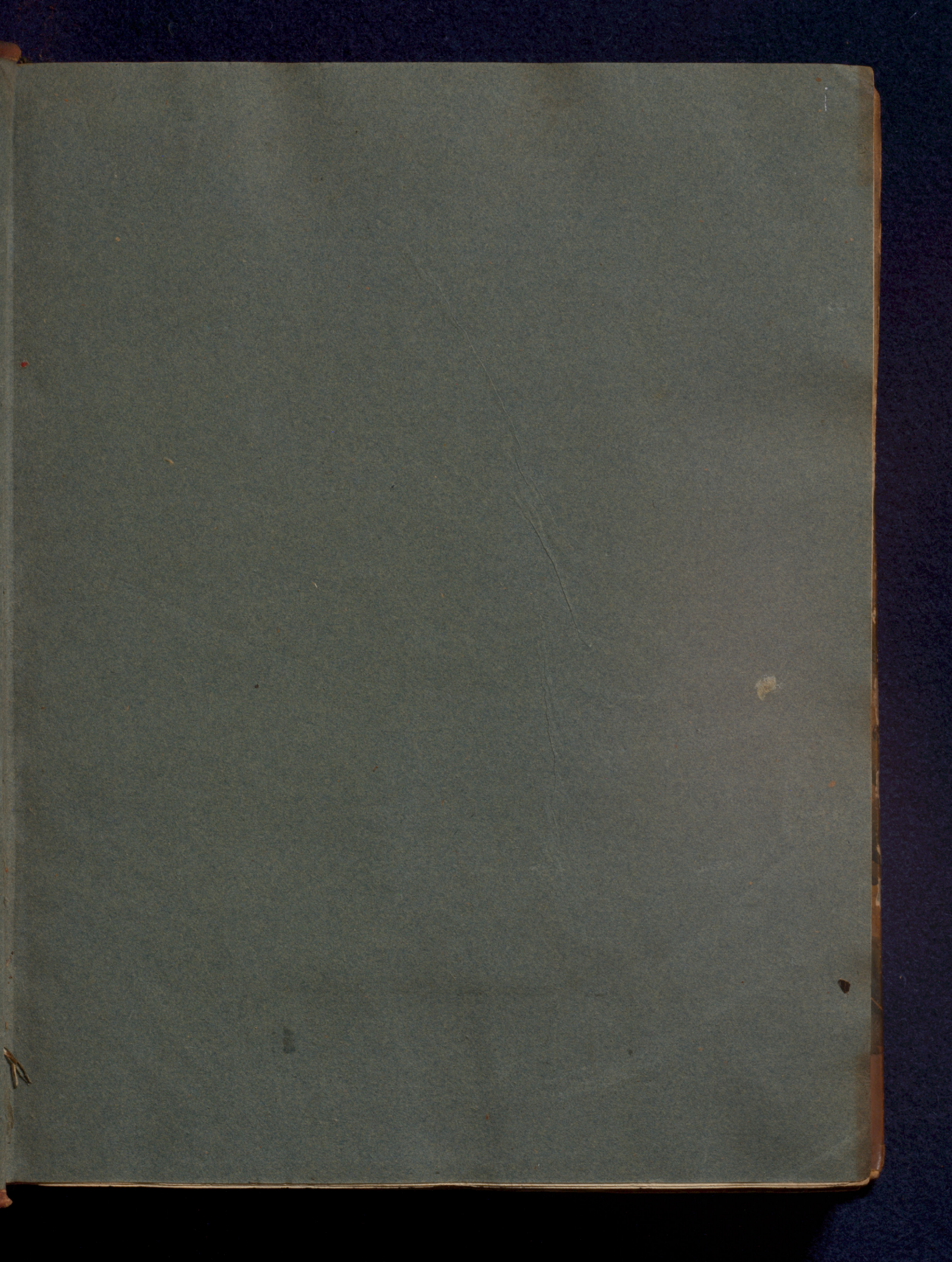






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*NN. supra 5.*

*RP. 4*

*NA. 3.*

7532

COOPER (Sir ASTLEY PASTON) 1768-1841.

7532. In English, on paper : written in 1803-4 :  
9 $\frac{1}{4}$  x 7 $\frac{1}{4}$  in., iv + 252 leaves.

Notes of 'Lectures on the Principles & Practice of Surgery. by M<sup>r</sup> A. Cooper. 1803 & 1804'. Written on one side of the paper. The last chapter (on Gunshot Wounds) is not finished.

'Arthur G. Gamble' on fol. iii.

See also Edward Osler's MS., no. 7604.



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61



Arthur H. Sault



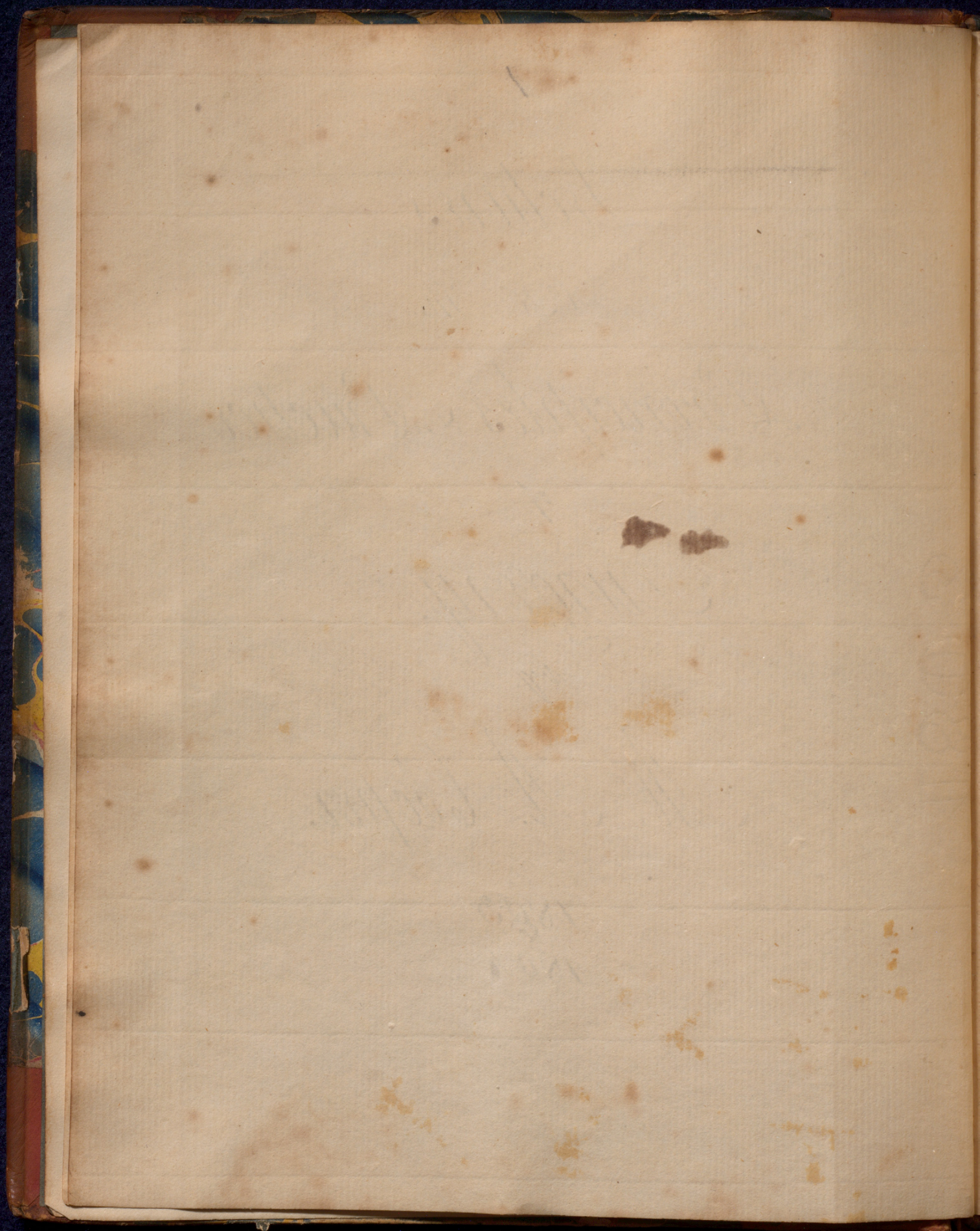
Handwritten signature or initials in blue ink, possibly reading "H. H. H. H. H." or similar, followed by a decorative flourish.



Lectures  
on the  
Principles & Practice  
of  
Surgery.  
by  
M<sup>r</sup>. A. Cooper.

1803  
&  
1804







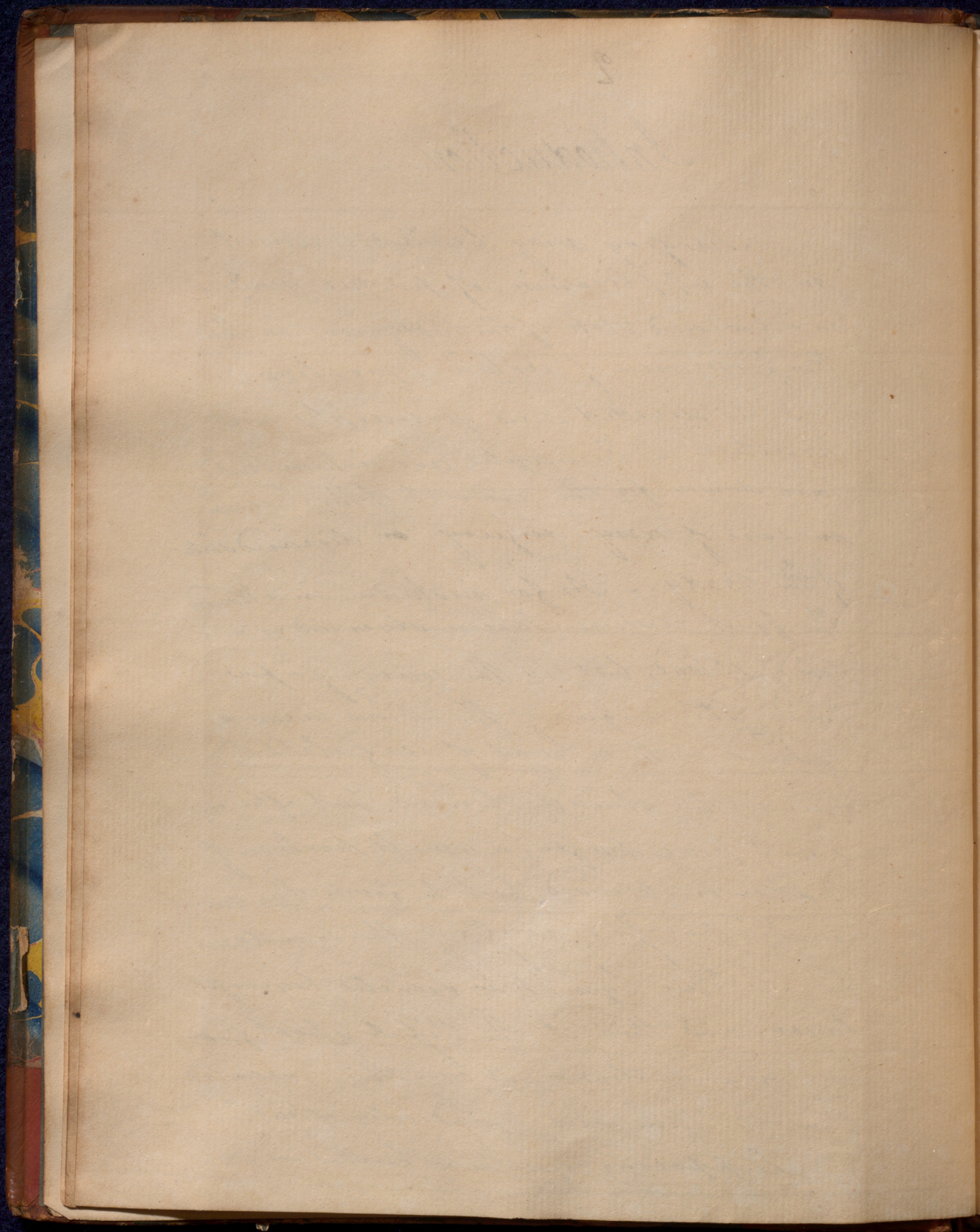
## Introduction. -

Surgery may be said to consist in the application of proper Remedies in a Diseased state of the Body, and in the Performance of certain Operations. -

It is divided into principles and practice. - Principles are certain Rules laid down, for the conduct of the Surgeon in case of any injury or diseased state of the Body. - As for instance in a Wound the first circumstance observed is a loss of Blood, but in the course of a few hours the surface of the wound becomes covered with a coat of coagulated Lymph this is the change observed, but after a short time longer, a small portion of Matter is observed, but to form this, another process is necessary, this is inflammation. - This Lymph is secreted layer after layer, and thro' it the Vessels shoot, forming granulations, and over these granulations the skin keeps gradually extending.

Supposing you were called in case





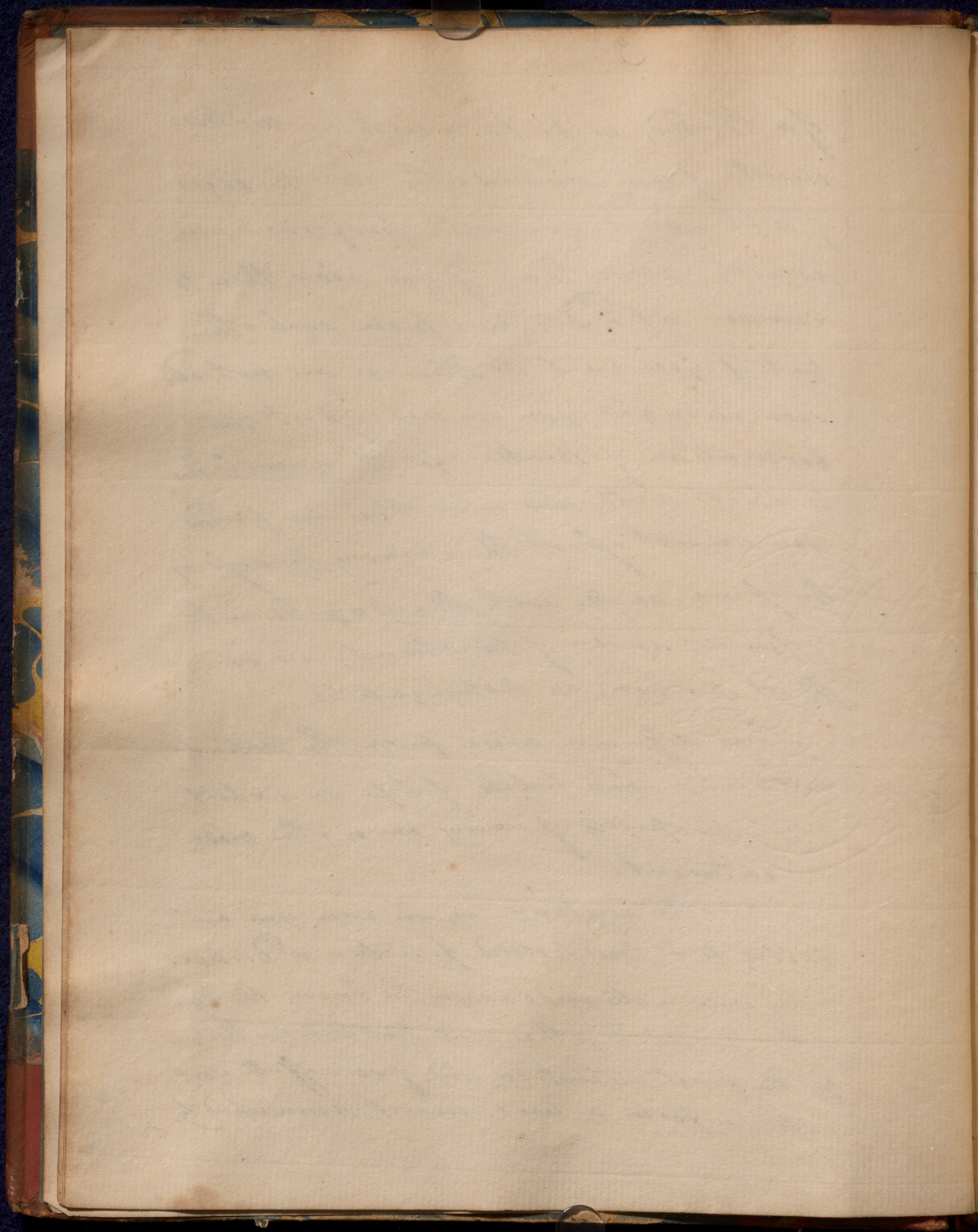


of a Wound, made by a cutting instrument, if you immediately close the edges of that wound you will perform a cure much sooner, than if you allow them to remain at a distance from each other, but if you cant do this or are not called soon enough, you must assist the formation of Matter, for the granulations to shoot into, and when these are formed you must assist the skinning process by Squeeze, made with Bandages &c. or by different modes of treatment and for that purpose, as Astringents &c..

Some difference arises from the patients constitution and habits of Life, in respect to the propriety of using one or other mode of treatment. -

Another instance is, in case you are called to a compound fracture or Dislocation, you will endeavour to bring the edges of the Wound together, and procure an Union by the first intention, and if successful you will perform a cure much more speedily,



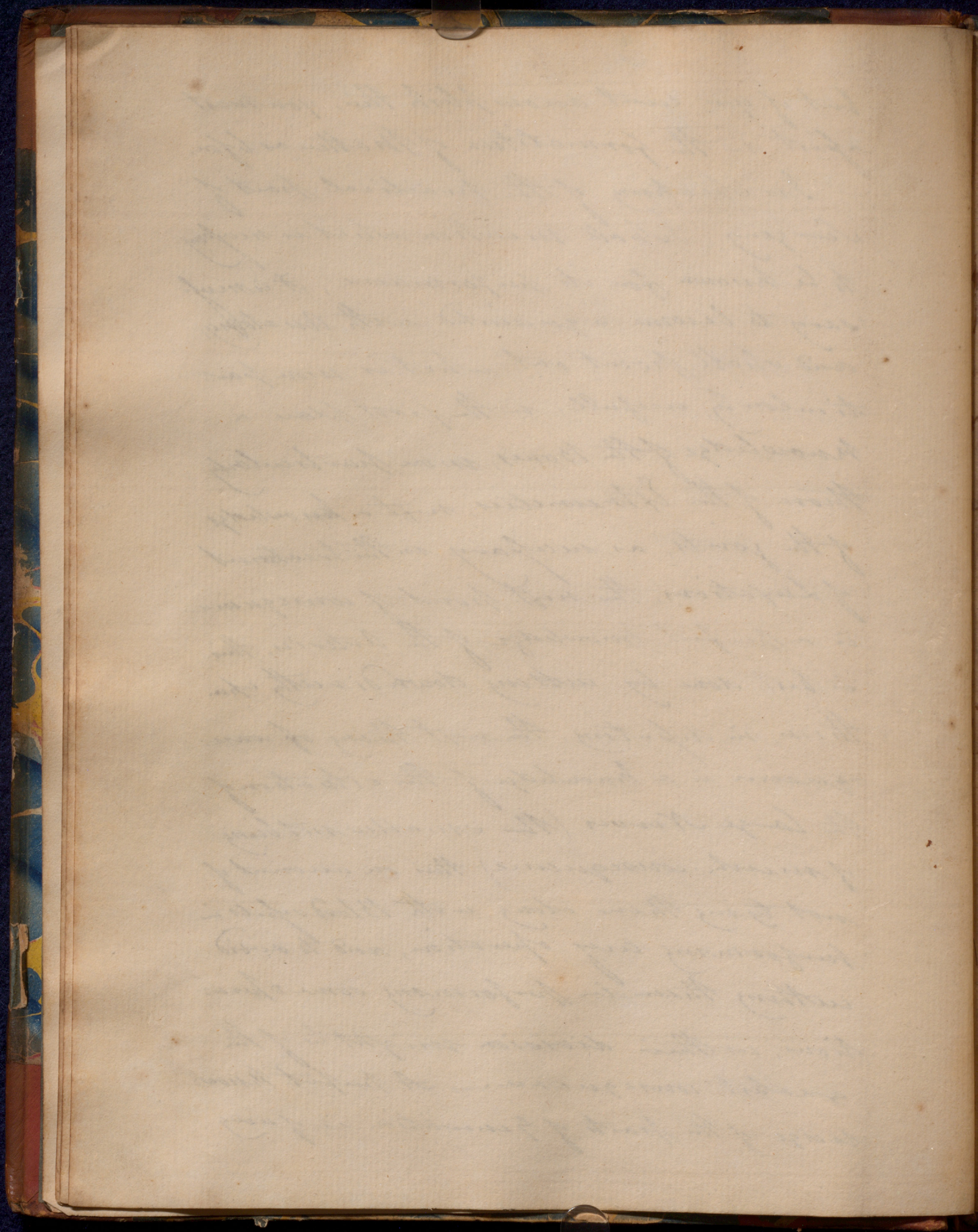




3  
but if you cant accomplish this, you must  
assist in the formation of Matter as before.

In speaking of the practical part of  
Surgery, I shall mention what is necessary  
to be known for its performance, it is neces-  
sary to become acquainted with Anatomy,  
and shall point out what is more par-  
ticularly usefull. in the first place a  
knowledge of the Bones, more particularly  
those of the Extremities, next a knowledge  
of the joints, as necessary in the treatment  
of Luxations, the next point of consequence  
is a perfect knowledge of the Arteries, this  
is best done by cutting down directly upon  
them, in dissections, the next thing of conse-  
quence is a knowledge of the situation of  
the large Nerves (the smaller not being  
of much consequence) this on account of  
not tying them along with Blood vessels in  
performing any operation, and to avoid  
cutting them in performing some opera-  
tions, as this division might be of the  
greatest consequence. — A perfect know-  
ledge of the parts of Generation is of great



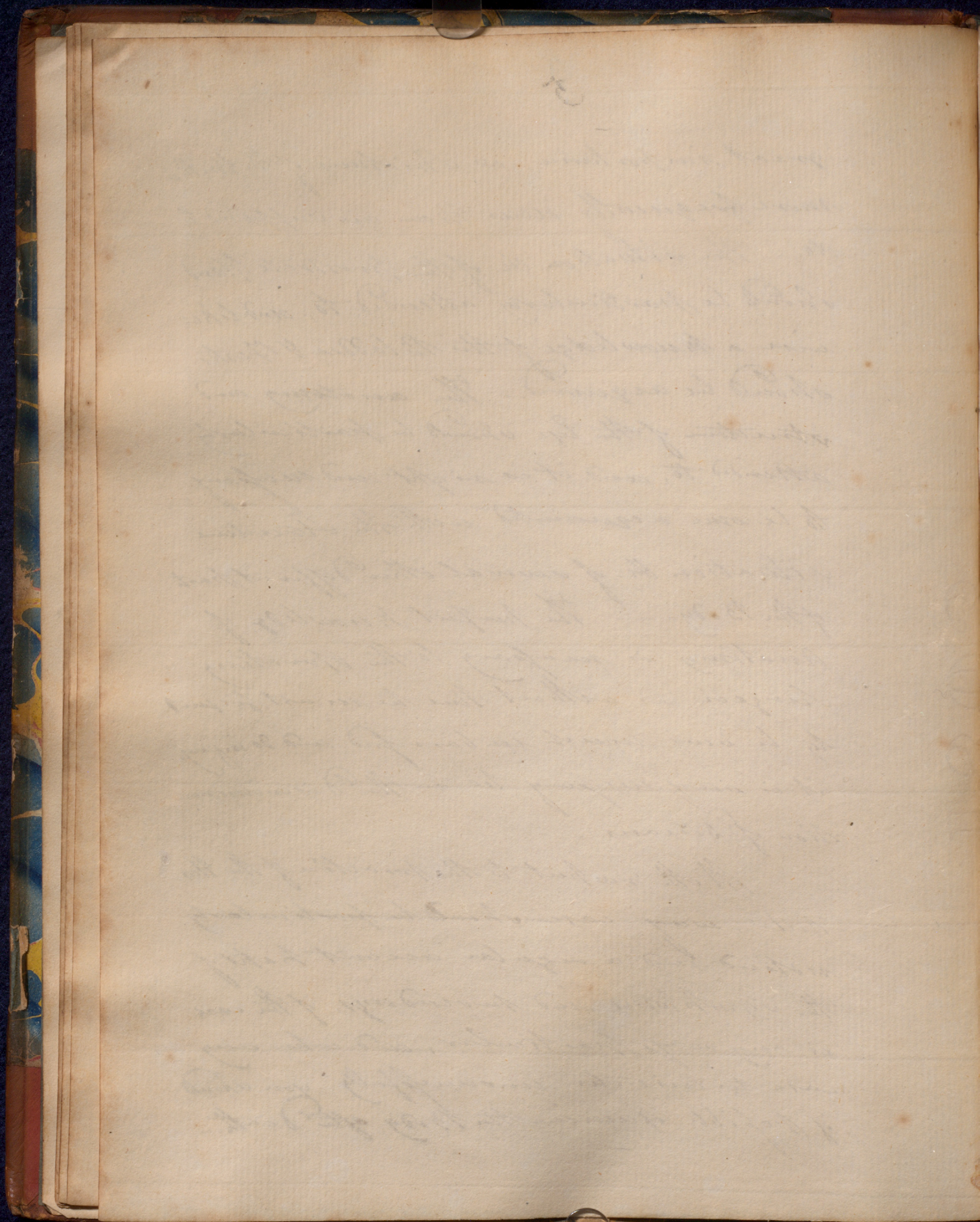




great importance, as Strictures of the Urethra  
more frequently occur than are supposed to  
do. - The situation &c. of the prostate gland  
should be particularly attended to, and like-  
wise a knowledge of the Bladder & Uterus  
should be acquired. - The anatomy and  
structure of the Eye should be particularly  
attended to, and it is right and necessary  
to become acquainted with the Structure  
Situation &c. of several other different parts  
of the Body. - The perfect knowledge of  
Anatomy is necessary to the Operating  
Surgeon, as without this he must neces-  
sarily be very much embarrassed and do injury.  
It is very necessary too in the Discrimina-  
tion of Diseases. -

With respect to the Practice of the Hos-  
pital, every case should be particularly  
noticed and a regular account kept of  
the Symptoms and Proceedings, if the case  
is in any way, particular, and when any  
case terminates unsuccessfully, you should  
if possible examine the Body after Death.







5  
With respect to the Books best adapted for  
your purpose, John Bell's Anatomy is the  
best lately published, tho' Winslow's Anatomy  
is more full, with regard to Surgery Bay  
Bell's is the best System at present published  
tho' John Bell's present work will be far  
superior if concluded in the same style  
it is at present. — Mr Pott's Works are  
very good and should by all means be  
read. — The Surgical Treatise are worth  
notice, and likewise Mr Gooch's Works  
and Mr Astor's. — Mr Hay has pub-  
lished some works, which should by all  
means be read. —

On Stimulants & Sedatives and on  
Heat & Cold. —

The actions of the Body are capable  
of being increased or diminished by exter-  
nal applications, they may likewise entirely  
changed. — Whatever increases the action  
of any part is called a Stimulant.

A Sedative, is whatever decreases the form  
or power of action. — An Irritant is what







change the Nature of action in a part, as we shall hereafter explain. —

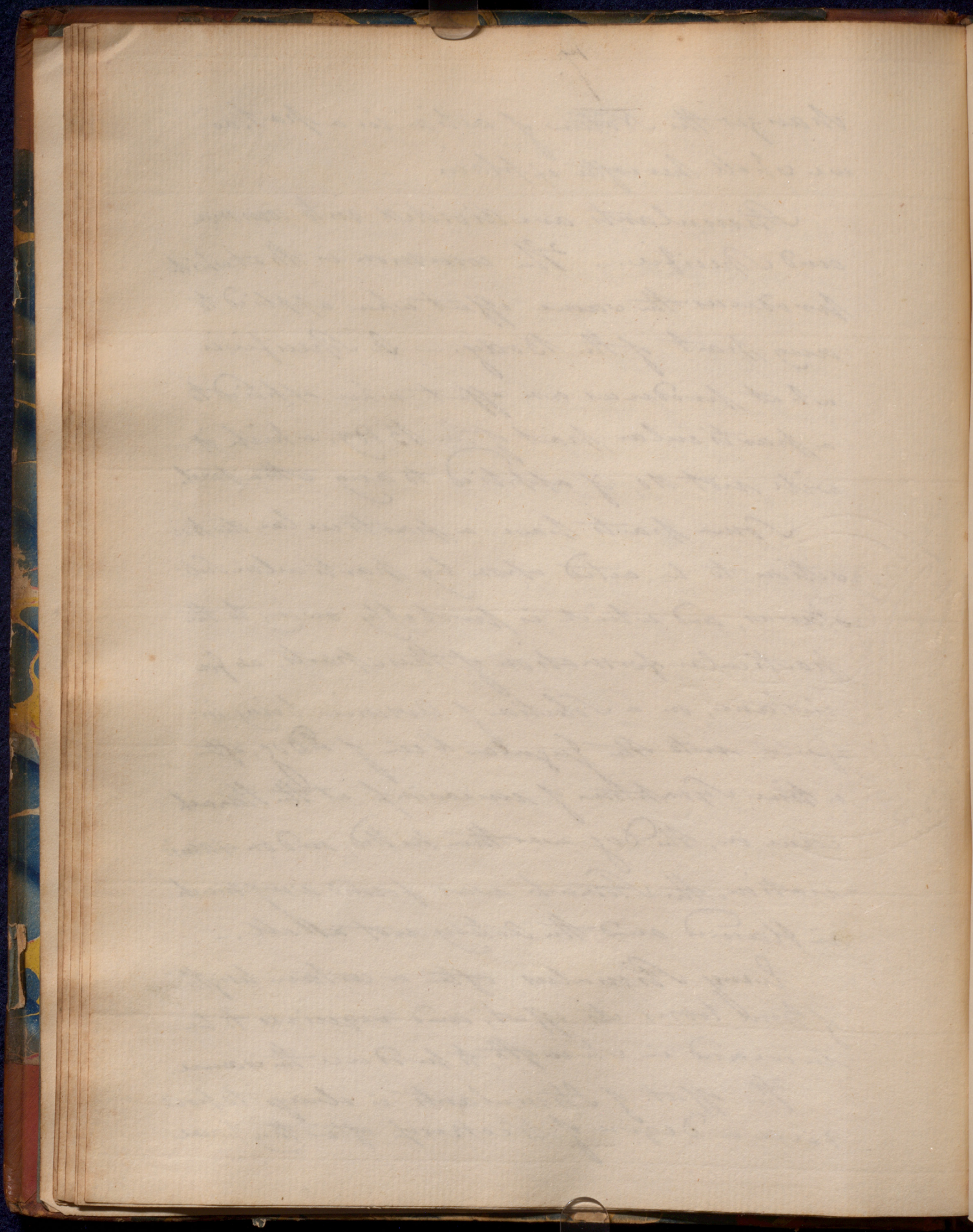
Stimulants are divided into common and Specific. — The common is that which produces the same effect when applied to any part of the Body. — A Specific, is what produces an effect when applied to a particular part of the Body, which it will not do, if applied to any other part.

Some parts have a particular disposition to be acted upon by particular Stimulus, and which is probably owing to the particular formation of these parts, as for instance, on a Solution of Arsenic being injected into the Jugular Vein of a Dog, after a time Symptoms of vomiting at the Stomach came on, the Dog was then killed, and on examination, the Stomach was found very much inflamed and the Artery not at all. —

Every Stimulus after a certain length of time loses its effect, and requires to be increased in strength, to produce the same.

The effect of Stimulants is always to produce a Degree of Weakness after they have





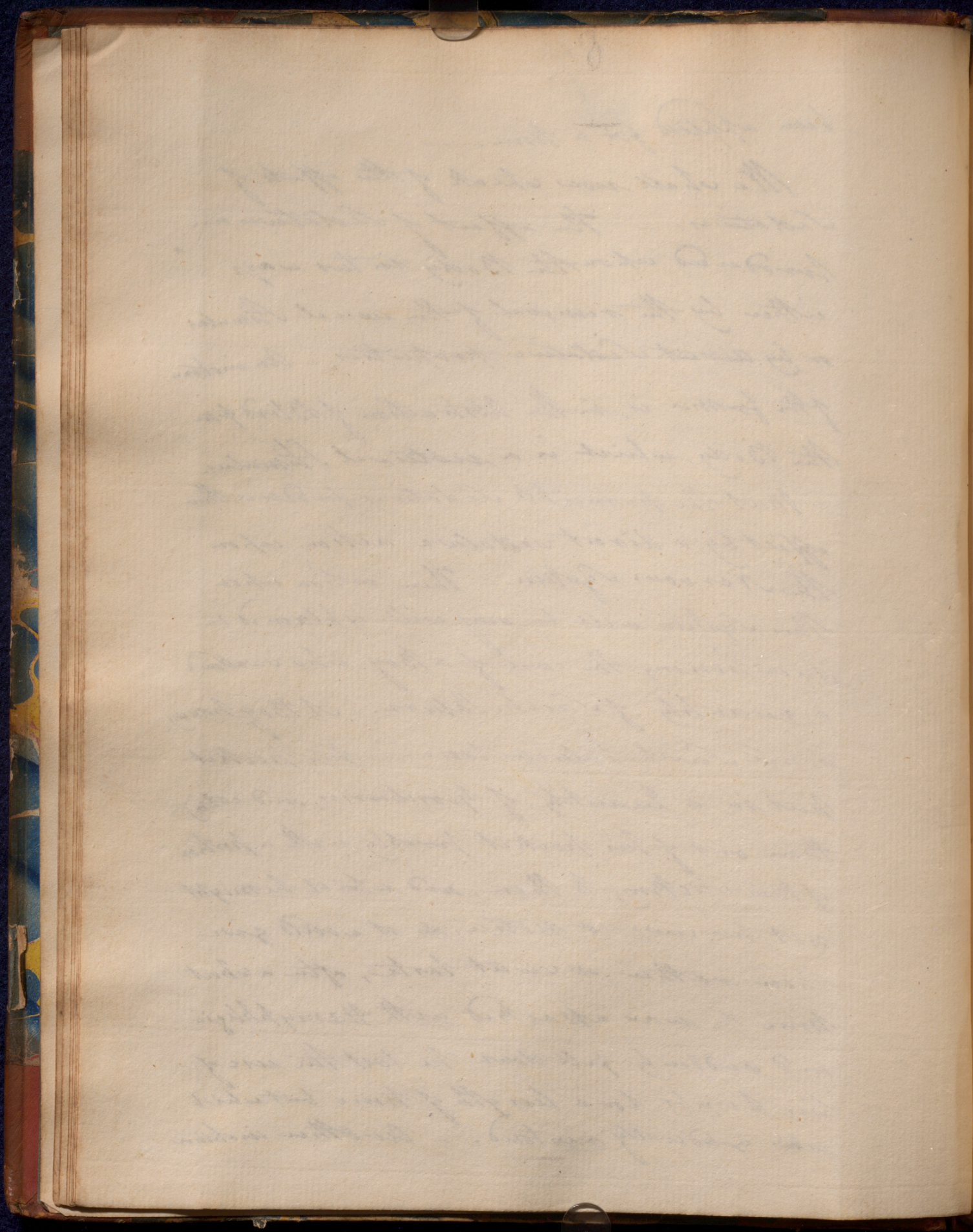


7  
been applied for a time.

We shall now speak of the effects of Sedatives. — The effect of Sedatives are produced upon the Body in two ways, either by the removal of the usual Stimulus, or by direct Sedative properties. — An instance of the former is, in the Abstraction of Blood from the Body, which is a natural Stimulus.

But the principle Sedatives produce their effect by a direct sedative action upon the Nervous System. — Their action upon this System will be very well explained in mentioning the case of a Boy who swallowed a quantity of Sacch. Saturn. — A Boy having some Sacch. Saturn. loose in his pocket put in a quantity of Gooseberries, and eating them out of his pocket, probably with a portion of this sticking to them, and which he might not perceive or notice, as it would give them rather a sweet taste, after a short time he was attacked with Hemiplegia and suddenly fell down, he lost the use of his Limbs for a length of time but which was gradually restored. — Another instance







8  
of a Direct sedative effect is in the application of a small portion of Extract. Belladonna within the Eye, you will find the Pupil of the Eye become very much Dilated, this probably might be of use ~~in~~ performing operations upon the Eye. —

The effect produced from the exhibition of Opium and Wine are not the same, for this Opium at first increases the Quickness of the Pulse, it lowers its action afterwards. —

Wine acts as a Sedative indirectly. —

### Irritants. —

You may know when any substance irritates the Body, by its producing a hard Pulse, it is by producing an irritant action to the way performs a cure in the same manner. —

The application of Stimulants if carried to excess, becomes irritant. —

### Heat & Cold.

The natural heat of the Body is 98 Deg. of Fahren. Thermom. and preserve this Degree of temperature in any Climate compatible.



I am writing to you in a  
hurry and have not time to  
write more than a few lines  
to let you know that I am  
well and hope you are the same.  
I have not much news to write  
at present but will write again  
in a few days.

I am writing to you in a  
hurry and have not time to  
write more than a few lines  
to let you know that I am  
well and hope you are the same.  
I have not much news to write  
at present but will write again  
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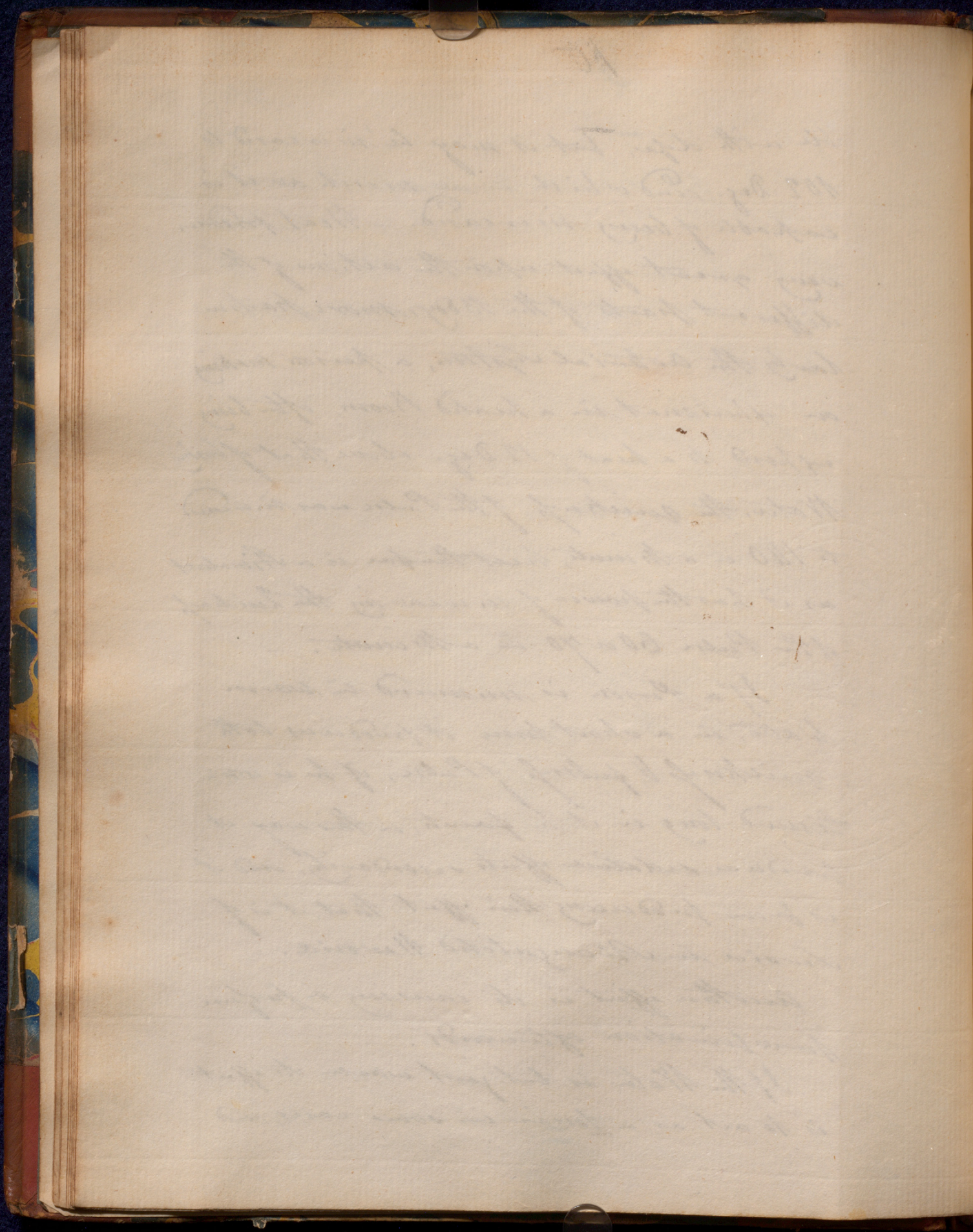
ble with Life, but it may be increased to 102 Deg. and which is as much as it is capable of being increased. - Heat produces very great effect upon the actions of the different parts of the Body, more particularly the Arterial System, a person making an experiment in a heated Room, after being exposed to a heat of 12 Deg. above that of boiling Water, the quickness of the Pulse was increased to 140 in a minute, heat therefore is a Stimulant as it has the power of increasing the quickness of the Pulse 60 or 70 in a minute. -

If a Person is immersed in warm Water, in a short time it produces both quickness & fullness of Pulse, if he is continued long in it he faints, in this way it produces sedative effects secondarily, and it is from producing this effect that it is of Service in Angulated Hemorrhoids. -

Another effect is its causing a profuse perspiration afterwards. -

If the Water is but just warm its effect is to act as a tonic in some cases, and







10  
from this is of Service in Scrophulous and  
other Diseases when there is a Degree of Delir-  
-ity, and when the cold Bath would be inju-  
-rious. - The good effect arising from  
the application of fomentations, and Poulti-  
-ces is by their inducing perspiration,  
and thus may unloading the Vessels of the  
part, - Cold Silk produces nearly the  
same effect in Inflammation as Pultices,  
this from it inducing perspiration. -

Poultices act (and produce nearly the  
same effect) as leeches<sup>do</sup> by unloading the  
Vessels. -

Cold produces different effects under  
different circumstances, it acts as a  
Sedative if applied gradually. - A  
gentleman or horse himself noted to a  
Degree of cold 14 Deg. below the freezing  
point, his Pulse at that time was 85  
in the Minute, after remaining in this  
state for an hour his pulse sunk to  
65. he then became stupor, when he  
gave over the Experiment. - If cold is



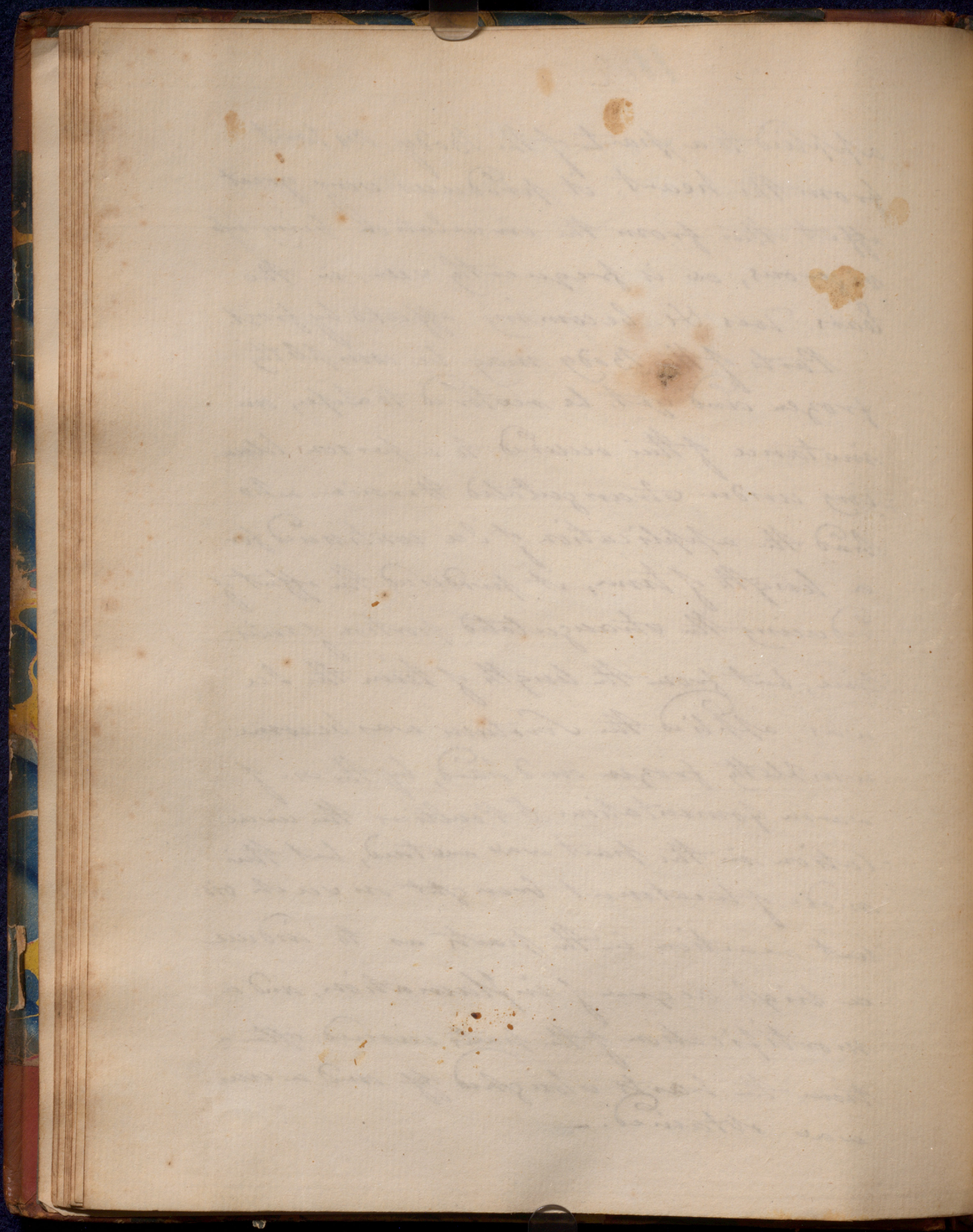
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11  
applied to a part of the Body distant from the heart, it produces very great effect, this from the circulation being life vigorous, as is frequently seen, in the Ears. Toes &c. becoming affected by frost.

Parts of the Body may be completely frozen and yet be restored to Life, an instance of this occurred to a person labouring under strangulated Hernia, who had the application of Ice continued for a length of time, it produced the effect of inducing the strangulated portion of intestine, but from the length of time the Ice was applied the Scrotum was become completely frozen and hard, by the use of warm fomentation & Poultices the circulation in the part was restored, but this mode of treatment brought on such violent reaction in the parts as to induce a high degree of inflammation, and a mortification of the parts ensued, after a time the parts sloughed off and a cure was obtained.







Cold under some circumstances acts as an irritant, and if applied in a particular manner has the power of increasing the quickness of the Pulse.

A Gentleman whose Pulse was 80 in the Minute, on plunging into the Cold Bath, had his pulse immediately increased to 130. This effect depends upon different circumstances, in part on the irritability of the Person, in part on the suddenness with which it is applied and in a great on the degree of Cold.

Persons of a debilitated habit of Body, find no benefit from the cold bath, if along with this there is a great degree of irritability. -

Shall now consider the Tonic power of cold. This effect is produced by its regulating the Disease action, then present, from its sedative power, not from its acting as a Stimulant, for if gradually applied, it diminishes



El

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The velocity with which the Blood circulates, and at the same time increases the Column of Blood in the Vessels. —

If the heart acts very quick, the fullness must consequently be diminished. This accounts for good effect which cold produces, and on this principle the cold Bath acts, and not by any stimulating effect it produces, that is, when it produces good effects. — The cold Bath will not have a good effect upon a Person of a full habit of Body. —

Cold is used with very great advantage in many cases of Surgery, as for instance in strangulated Hernia, in this case the application of warmth would not only induce a greater flow of fluids to the part, but would rarify and increase the Bulk of those already contained, whilst cold prevents this determination to the part and at the same time diminishes the Volume







14  
of them already contained, and that way  
diminishes the general Bulk of the parts.

Cold produces more beneficial effects  
in weakly, than in active inflama-  
tion, in weakly Men too, the applica-  
tion of cold produces very good effects.

### On Sympathy.

The effect which is produced upon the  
Body, <sup>by</sup> injury done to any part, the  
power of the Mind upon the Body, the  
Disease or affection of one part of the Body  
producing an affection of another, is  
by Sympathy, it is by this that the alter-  
-ation of the Breast is produced in  
Pregnancy. - Various other actions are  
performed by this Sympathy of parts,  
as if you irritate the Throat, you bring  
on a convulsive affection of the Muscles  
of the chest, producing cough, the effect arising  
from irritating the Nose so as to produce  
sneezing. - The Disease and Sympathies



1844  
The first of the year  
was a very cold one  
and the snow lay  
on the ground for  
many days. The  
frost was very  
severe and the  
wind was very  
strong. The  
people were  
very much  
distressed  
by the cold  
and the snow.  
The  
government  
sent out  
a large  
quantity  
of coal  
to the  
poor  
people  
and  
the  
people  
were  
very  
much  
relieved.  
The  
government  
also  
sent  
out  
a  
large  
quantity  
of  
food  
to  
the  
poor  
people  
and  
the  
people  
were  
very  
much  
relieved.  
The  
government  
also  
sent  
out  
a  
large  
quantity  
of  
clothing  
to  
the  
poor  
people  
and  
the  
people  
were  
very  
much  
relieved.  
The  
government  
also  
sent  
out  
a  
large  
quantity  
of  
medicine  
to  
the  
poor  
people  
and  
the  
people  
were  
very  
much  
relieved.  
The  
government  
also  
sent  
out  
a  
large  
quantity  
of  
other  
necessaries  
to  
the  
poor  
people  
and  
the  
people  
were  
very  
much  
relieved.  
The  
government  
also  
sent  
out  
a  
large  
quantity  
of  
other  
necessaries  
to  
the  
poor  
people  
and  
the  
people  
were  
very  
much  
relieved.



13  
one of two kinds, one is merely a sensation  
in a part distant from the one Disordered,  
the other is disordered action taking place,  
an instance of the former is in disordered  
Testicle, you will in this case have a  
pain in the Loins, from a Stone in the  
Bladder you will have a pain in the  
Testicle, when ever you have an affection  
of the Liver, there will always be a pain  
in the Shoulder, if there is a Stone in  
the Bladder all the pain will frequently  
be in the extremity of the Urethra. —

The other disordered Sympathy is when  
a part distant takes on disordered action,  
an instance of this is, in inflammation  
of the Testicle from an affection of the  
Urethra, constituting *Hernia Humoralis*.

A Blow upon the Stomach occasions  
a spasmodic affection of the Diaphragm,  
and in this way, frequently is a cause  
of Death. — In every case of injury of  
the head, Sinking is immediately produced







16  
This is by Sympathy. — There is very intimate connection between the Stomach and Skin, as any thing producing effect upon the Stomach, almost immediately causes an effusion of the Skin, owing to this Sympathy, the exhibition of Belli-Opoid. will produce an eruption upon the Skin. —

It is on this principle that the cure of any accident in a great measure depends, and if they are fatal, it is frequently owing to this Sympathy.

After an accident, viz. the course of a few hours, you will find the patient complaining of pain in the head, back and Loins, after a little time the action of the heart & Lungs becomes affected, producing quick Pulse and difficulty of Breathing, then the whole Alimentary canal becomes affected, and likewise the Kidneys, and the Nervous System becomes very much disturbed. — The Symptoms



101

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18  
don't constantly remain equally violent  
but are subject to exacerbations —

The Symptoms before mentioned, depend  
very much on the 4 following circum-  
stances, the importance of the part to life,  
the extent of the injury, the constitution  
of the patient, and the state of the patient's  
Mind. — The constitution becomes affected  
in proportion to the importance of the  
part to life, and the extent of the injury. —  
The constitution of the patient has very  
great effect in any injury or disease  
in determining the degree of Danger. —

The state of the patient's mind has  
very great effect in any case, as in  
cases of very trifling accidents, they have  
been rendered fatal entirely, but the  
power of the mind when the disease, —

There are many Surgeons who would  
not even perform the most trifling  
operations, if the patient appeared to  
be under considerable anxiety about the







18  
went. - This particular anxiety has in  
several very trifling injuries rendered the  
termination fatal, entirely from this  
having formed an opinion it would be  
so. —

The Passions of the Mind have very  
great influence upon the different func-  
tions of the Body, more particularly Grief,  
Anger & Fear. —

Grief has very great power upon  
the action of the Heart and Arteries, de-  
pressing the action of the heart, and pro-  
ducing a slow full Pulse. — If grief  
is long continued it frequently will cause  
an obstruction of the Liver, this probably  
by retarding the circulation. —

Anger has still greater effect upon  
the actions of the Body than Grief, produ-  
cing, variety of Symptoms, but fear has of  
all others, the greatest effect on the Body.

Fear has the power of suspending the  
action of all the parts of the Body, & will



10

My dear Mr. [illegible]  
I have just received your letter of the 10th inst. and am  
glad to hear that you are well and happy.

I am very sorry to hear that you are  
ill and hope that you will soon be  
able to return to your home.

I am very sorry to hear that you are  
ill and hope that you will soon be  
able to return to your home.

I am very sorry to hear that you are  
ill and hope that you will soon be  
able to return to your home.

I am very sorry to hear that you are  
ill and hope that you will soon be  
able to return to your home.



the Heart, and the action of which too is very much altered. —

These have all very great effect upon accidents and Diseases, more particularly upon the success of any Operation, but of all others, fear has the greatest effect, instances have occurred of very slight injuries proving fatal, and of Patients dying from very trifling Operations, and entirely owing to fear. —

### On Inflammation. —

Inflammation is known to be present in a part, from that part becoming hotter than natural, of a redder colour, and by its becoming more sensible, and from a degree of swelling taking place.

Heat, Redness, Pain & Tumor, then form the constituents of inflammation, and are always present more particularly the three first, in inflammation. —

The Redness is owing to particles of Blood being forced into those Vessels, that is a



22

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natural state don't admit red Blood  
or more properly red particles. -

The greater Degree of sensibility is  
owing to the Nerves of the part being hurt  
when the stroke is a greater degree, and  
by the action of the Muscular fibres being  
increased; -

The swelling is in some degree  
owing to the Vessels of the part being disten-  
ded, but when the swelling is considerable,  
there is considerable quantity of Serum  
and coagulable Lymph effused, and  
their proportion to the Degree of inflama-  
tion existing. -

With respect to the heat, Surgeons  
have differed very much in their Opin-  
ions. Mr. Hunter was of opinion, that  
the heat of an inflamed part was not  
greater, than that of the rest of the Body,  
he made several experiments, which pro-  
ved, that the heat of an internal part when  
inflamed is not greater than that of the



28

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rest of the Body, the particula feel of heat being only increase of sensibility, but the external parts, when inflamed or increased in temperature, being hotter than the rest of the Body. -

Inflammation is divided into common and Specific, that is into inflammation produced in the Body in a healthy state by the common cause, and that arising from the application of Morbid poisons &c. - The termination of common inflammation may be in 4 different ways, the first by adhesion, as by this way parts that do not naturally adhere, may do so, by their surfaces coming in contact, when in an inflamed state. - This takes place from an effusion of coagulable lymph, into which the Vessels of the parts exert, and inosculate with each other forming adhesion. - In almost all Operations such as amputation &c. this process takes place, and in this way producing







a much more speedy cure. —

The second termination is, in the formation of Matter or Pus, *Alis Guda-*  
*tion* takes place in all cases when <sup>you</sup> want  
 or don't wish to procure adhesion by the  
 first intention, this is composed of Serum  
 which is poured out by the smaller vessels  
 that are divided by the injury. The use  
 of this is to keep the surface of the wound  
 moist, and to prevent the drying of the  
 coagulable Lymph, and by that means  
 slow the progress of its becoming vascular  
 to go on, and this vascular Lymph, or what  
~~is~~ is usually called Granulations, to chert  
 and extend into

The third termination of inflammation,  
 is in Suppuration. — This process consists  
 in the absorption of the Part in the Vicinity  
 of the part injured or diseased. — The process  
 of Ulceration is not necessary in the healing  
 of a common wound, tho' it is in case  
 of a contused wound or in mortification.  
 By this process the contused or Dead



*[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]*



parts are allowed to separate, when this is effected, a deposition of coagulable Lymph takes place, which becoming vascular gradually extends and fills up the cavity or vacancy occasioned by the loss of substance.

This process of Ulceration is necessary in Abscess, to take up the skin and parts anterior to the seat of Disease, for the purpose of allowing the Matter to escape that is the contents of the Abscess. —

The fourth termination of inflammation is in Mortification. — This last termination is sometimes necessary for the separation of parts which would not have been separated by any other means, for when this has taken place in some degree the Ulcerative process begins, and by this means effects the removal of parts as before mentioned, but this termination is generally owing to a Bad habit of Body or diseased constitution. —

Among the Symptoms which occur



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you may generally form an Idea, in what way the injury or disease is likely to terminate. - In common inflammation, when the pain and other symptoms are mild, then then only a slight effusion of Lymph takes place, and which Lymph will again be absorbed. . . -

When inflammation goes on to Suppuration, or to the formation of an Abscess. the skin in the part affected becomes red & more than that of the surrounding parts and more prominent, and on examining the part you may feel a fluctuation.

When <sup>suppuration</sup> ~~ulceration~~ has taken place the constitution always becomes affected.

When Inflammation is likely to terminate ~~or~~ has terminated in suppuration, it may be known by a gnawing, ~~throbbing~~ sensation in the Part, after a time the cuticle of the part separates and peels off and when this has taken place little holes are frequently found in the skin, thro' which



*[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]*



The thinner parts contained in the Abscess escape. —

The Symptoms which denote the termination likely to be in Mortification, are very violent pain and this continuing for a length of time without abatement, rather increasing than diminishing, when it has actually taken place, there will be a formation of Pus or Exudate upon the part, upon the surface of the Skin, if you press on the part it is become sensibly, whereas before you would have given the most severe pain, the Skin of the part becomes purple, and the patient much more free from pain, this generally ceasing suddenly, the constitution becomes now very affected, a great degree of Weakness takes, delirium comes on with Hicough and subsultus cordis, and then Death very soon closes the scene. —

The state of the Pulse varies under different parts being inflamed, in general it is hard & quick, but not in all cases, if a Tendon is inflamed the Pulse become small







and threadlike, in case of an inflamed intestine the pulse are small & quick, but on taking away Blood they become fuller, the circumstances take place in inflammation of the Peritonaeum. — If the Brain ~~or~~ Lungs are inflamed, the Pulse are full, hard & Quick. On bleeding in inflammation of the Lungs, the Pulse become softer. — When the Heart is inflamed the Pulse are hard and full, exactly giving the same feel as thick wine under the Finger. —

Inflammation causes considerable detraction of the Blood, allowing a more complete separation of its parts when taken out of the Body, Blood taken in Inflammation spontaneously separates much more freely, and completely, the red particles subsiding more entirely from the watery Lymph. —

Inflammation must not be considered as a Disease, when it takes place from accident, but only when it arises spontaneously, as inflammation is necessary in







all injuries, to their Cure, and only requires being kept within Bounds, not entirely subduing, and it is frequently necessary to produce inflammation in disease to bring about a Cure. —

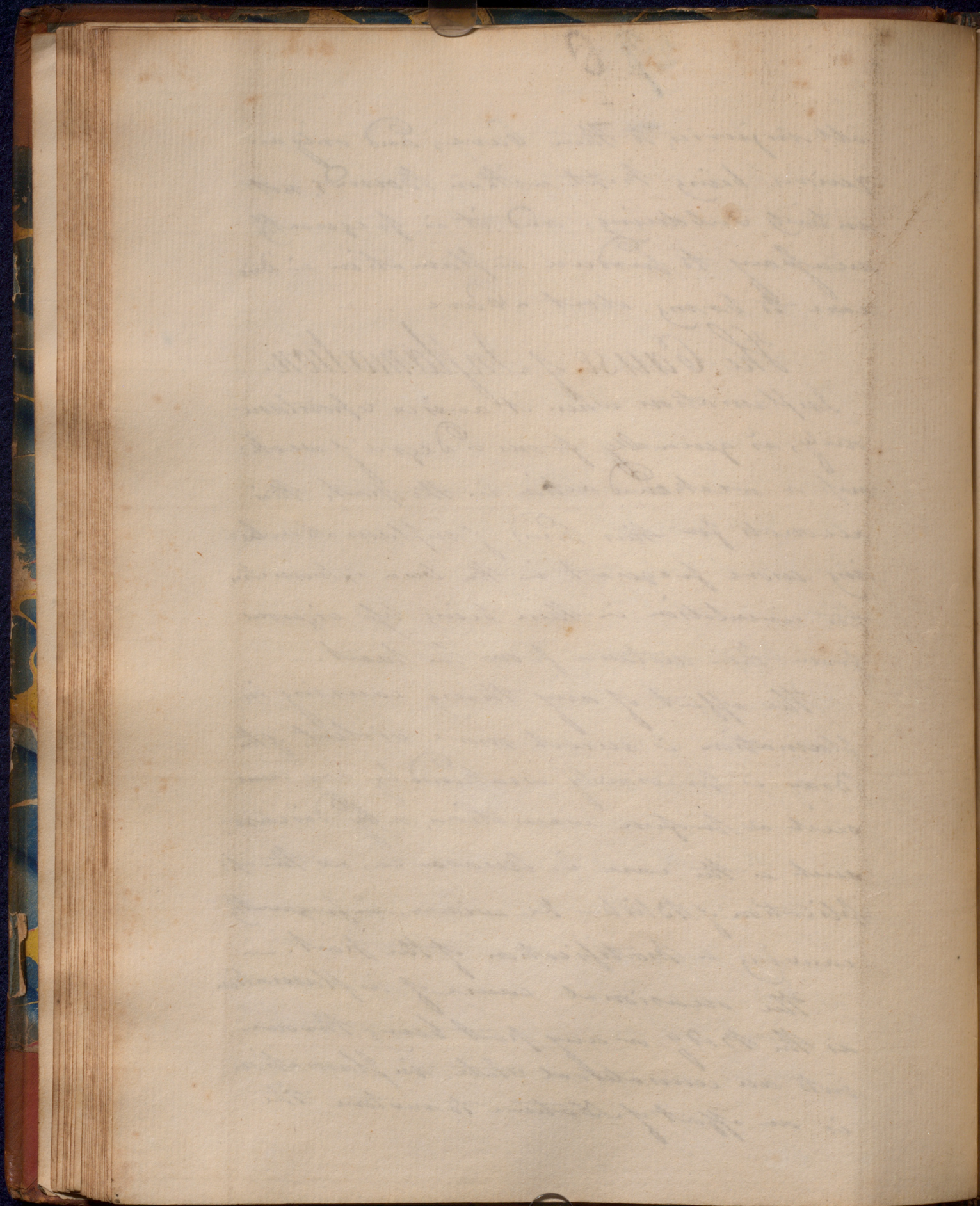
### The Cause of Inflammation.

Inflammation when it arises spontaneously, is generally from a Degree of weakness or weakened action in the part, this accounts for this kind of inflammation being more frequent in the lower extremities, the circulation in them being less vigorous from their distance from the heart. —

The effect of any thing causing inflammation is much more violent, if the Body is previously weakened by any cause, such as profuse evacuations, or by Disease such is the case in Dysenteria, as the application of Blisters &c. winter, is frequently causing a Mortification of the part. —

The occasional cause of inflammation is the Body, or any part being thrown into an unnatural state, inflammation is an effort of Nature to restore the







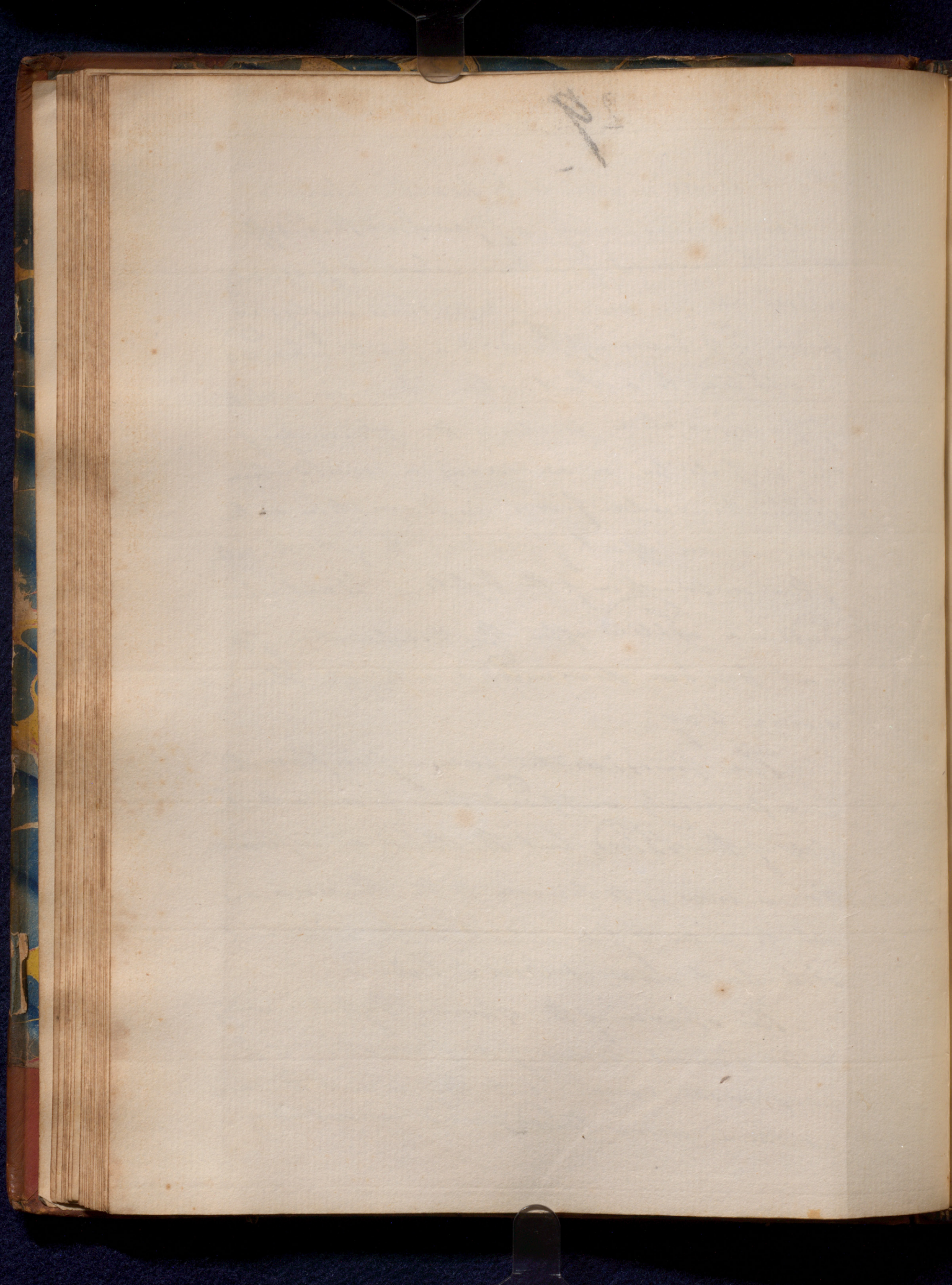
28  
Part to its natural & healthy state. -

Perhaps it may appear rather difficult to account for this, when it frequently arises as we may say spontaneously, as from cold being applied to a part, when cold is applied to a Part when it is in a state of perspiration, is done the extremities of the Vessels by occasioning a contraction of their muscular fibres, inflammation in this case is an effort of Nature to get the better of the contraction of the Vessels. - Heat when suddenly applied after the temperature of the part has been diminished, acts in the same way. -

The proximate cause of inflammation was formerly supposed to be from a thickened state of the Blood, but the Blood in inflammation, is now well known to be thinner, and able to enter Vessels, which in the natural state don't admit Red Blood. -

The spasm of the extreme Vessels according to Dr. Cullen's theory of inflammation, is the proximate cause, but this is not the case as there is more Blood found circulating in







an inflamed part, than when it is in a natural state. - Inflammation consists in a distended state of the Vessels of the part, and in an increased action of them of the surrounding parts, the Vessels of the part have not their action increased.

The action of the Arteries leading to the inflamed part, have their action very much increased, and are increased in diameter, as well as the Vessels of the part itself. -

### Treatment of Inflammation.

The treatment of Inflammation is either constitutional or local, the first of these is only necessary, when the constitution sympathizes with the inflamed part.

Bleeding, in inflammation has not of late been so much used, but is certainly a matter of the greatest consequence.

The good effects of which, in many cases, don't depend so much on the quantity as the suddenness with which it is evacuated. - In many cases, more



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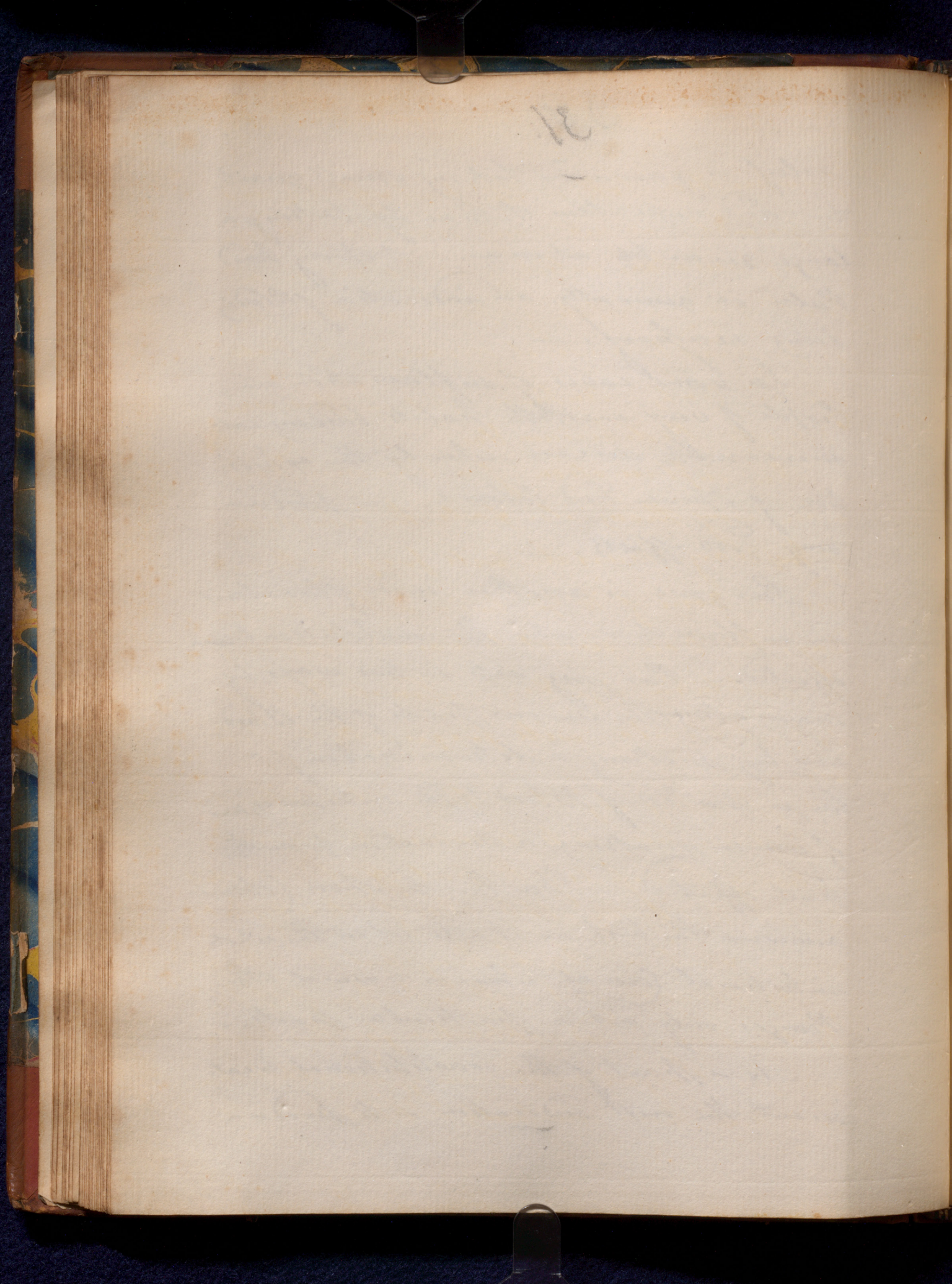
relief is gained by taking small quantities and repeating it, than by taking a large quantity at once. — A strong hard Pulse is generally an indication of Bleeding being necessary. —

In some cases of inflammation in People of very irritable habits, bleeding will increase the disease, when by the exhibition of Opium and Calomel, you produce very good effects. —

Purging is another mode of treatment in inflammation, when the constitution becomes affected. — Purging acts in two ways, by evacuating the serous parts of the Blood and by making a determination of a larger portion of Blood to the intestines, and of course making a derivation from the part affected. — For this reason Calomel answers the best, as it acts upon the whole intestinal Canal, whereas several other Purges only act on particular parts. —

As a part of the constitutional treatment, the next indication is to produce





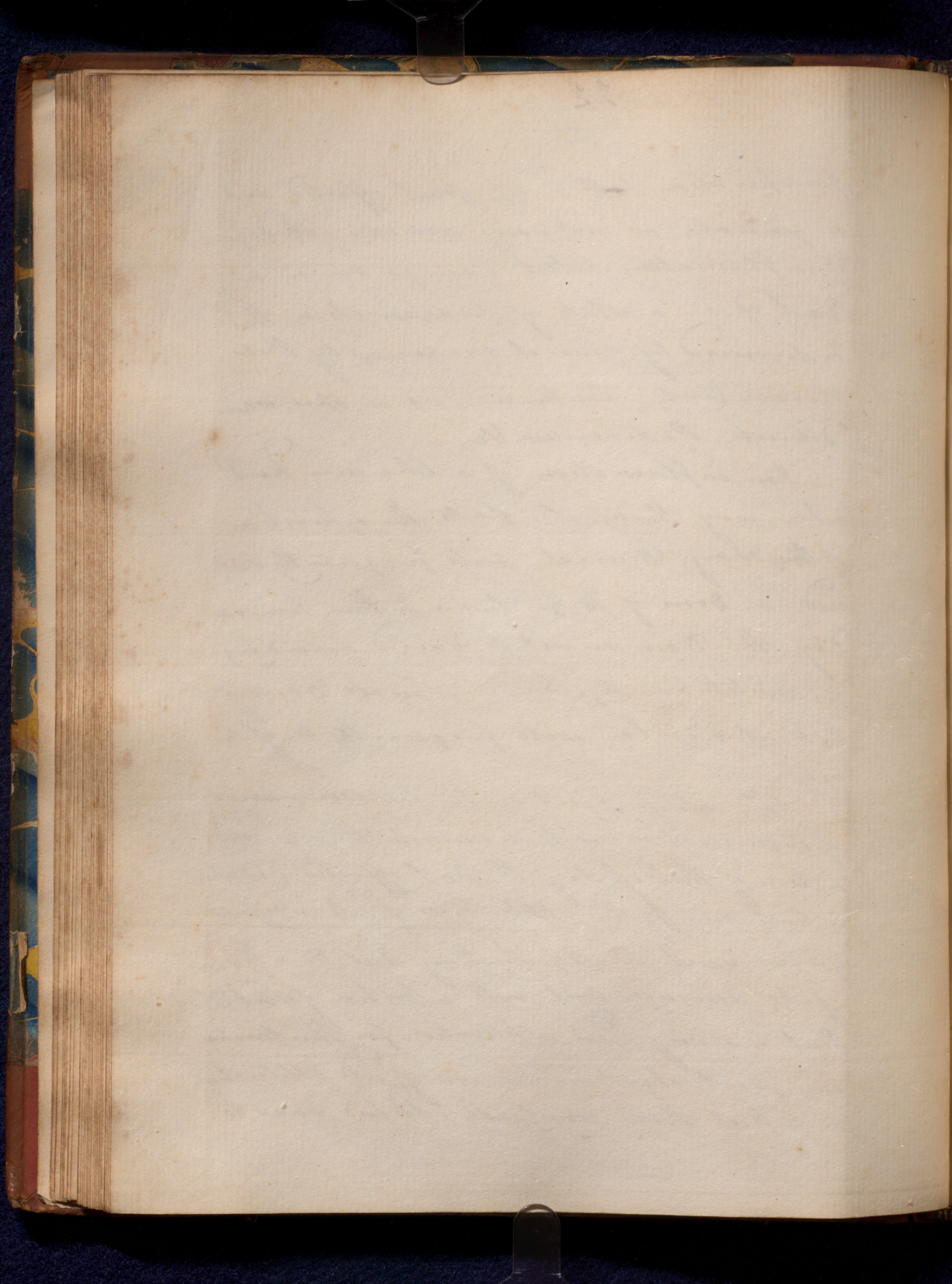


Suppuration, both in the part affected and in general, as not very considerable degree of inflammatory action can go on in a part if in a state of suppuration, this is promoted by several means, as by Puls. Theca - Cont. Antima. Tact in Opus, warm Diluents, Pedicuvium &c. —

In inflammation of a Chronic kind when every thing else fails, the exhibition of Hydraz. Muriat. will frequently succeed, in Dose of ʒss twice or three times a Day, the Dose must be varied according to constitution, Age &c. — Small Doses of Extract. Sienta will frequently be of Service. —

The chief object in the local treatment of inflammation is to diminish the force and action of the Vessels of the part affected, and which is best done by the application of cold in different forms, such as Aq. Sythony. Aut Or. a Mixture of Aq. Ammon. Aut with a portion of Sp. Vin. But is a very good application for this purpose. one great object in the use of cold application is to keep them constantly applied so as to







prevent the part ever becoming warm, for if it does, the efficacy of the application is very much diminished. -

When you can't by means of the application of cold in any form get the better of the inflammation, the application of leeches may be of very great utility, keeping the part (after the leeches have separated) moist & warm by means of warm cloths, to make the parts bleed as long as possible, as much is gained by the quantity of blood discharging after them during the application of the leeches, after which you may again have recourse to the cold applications. - If by these means you can't get the better of the inflammation you must then have recourse to the use of warm fomentations & Poultices, to bring forwards suppuration, as this must most likely take place under these circumstances. -

In deep seated inflammation, the application of a Blister frequently will answer a very good purpose, keeping



Ungt. et Antim. Tart.  
℞ Antimon. Tart. pulv. . 3 iiii  
Axung. Porcin. - - 3; ℞<sup>ss</sup> Ungt.



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it open by the use of Ungt. Sabinae, to do  
which the <sup>cuticle</sup> ~~skin~~ must be removed entirely  
after the application of the Blister. — The  
good effect arising from the application  
of Blisters is not from the quantity of Dis-  
charge, but by its making a diversion from  
the part affected by causing a greater deter-  
mination of Blood to the blistered surface,  
before the application of Ungt. Sabinae, the  
Cuticle as before observed should be removed  
and likewise the white exudation which  
forms on the surface should be repeatedly  
removed.

The application of Contin. Tart. has  
been found generally made up in the form  
of Ointment in indolent inflammations  
such as white swellings, and different kinds  
of indolent Tumors, probably it acts by  
increasing the action of the Absorbents of the  
part, when applied it should be rubbed upon  
the part till it causes pimples. —

Another application has been recommended.



Ungt<sup>t</sup> ex Helleb. Alb.  
Q. Rad. Helleb. Alb. Puer. 3i  
Strung. Porcin. - 3i. M<sup>t</sup> f. Ungt<sup>t</sup> -



ed, which is an Ointment with proportion  
of Pulv. Mellib. Alb. in cases of this sort, but  
has been very little used, as other remedies ap-  
pear more adapted to the purpose. —

The Vinegar Poultice, composed of Linseed  
or Oatmeal & Vinegar is a very good appli-  
cation in Inflammation, and should be alterna-  
ted with a common Poultice every 3 or 4 Days  
as it is apt to occasion a Degree of infla-  
-<sup>of the Skin</sup>mation, by irritating the Skin, raising  
small pimples. —

Inflammation does not always give  
way to the most active means, but will  
frequently be cured by means very gentle  
after the most active have failed, as the  
application of a Soap Plasters frequently  
relieves after various other means have been  
tried. — Cupping is frequently of service  
and when there is Induration attended with  
indolent inflammation, the exhibition of Calo-  
-sal or Mercury in other forms may be  
of service. —



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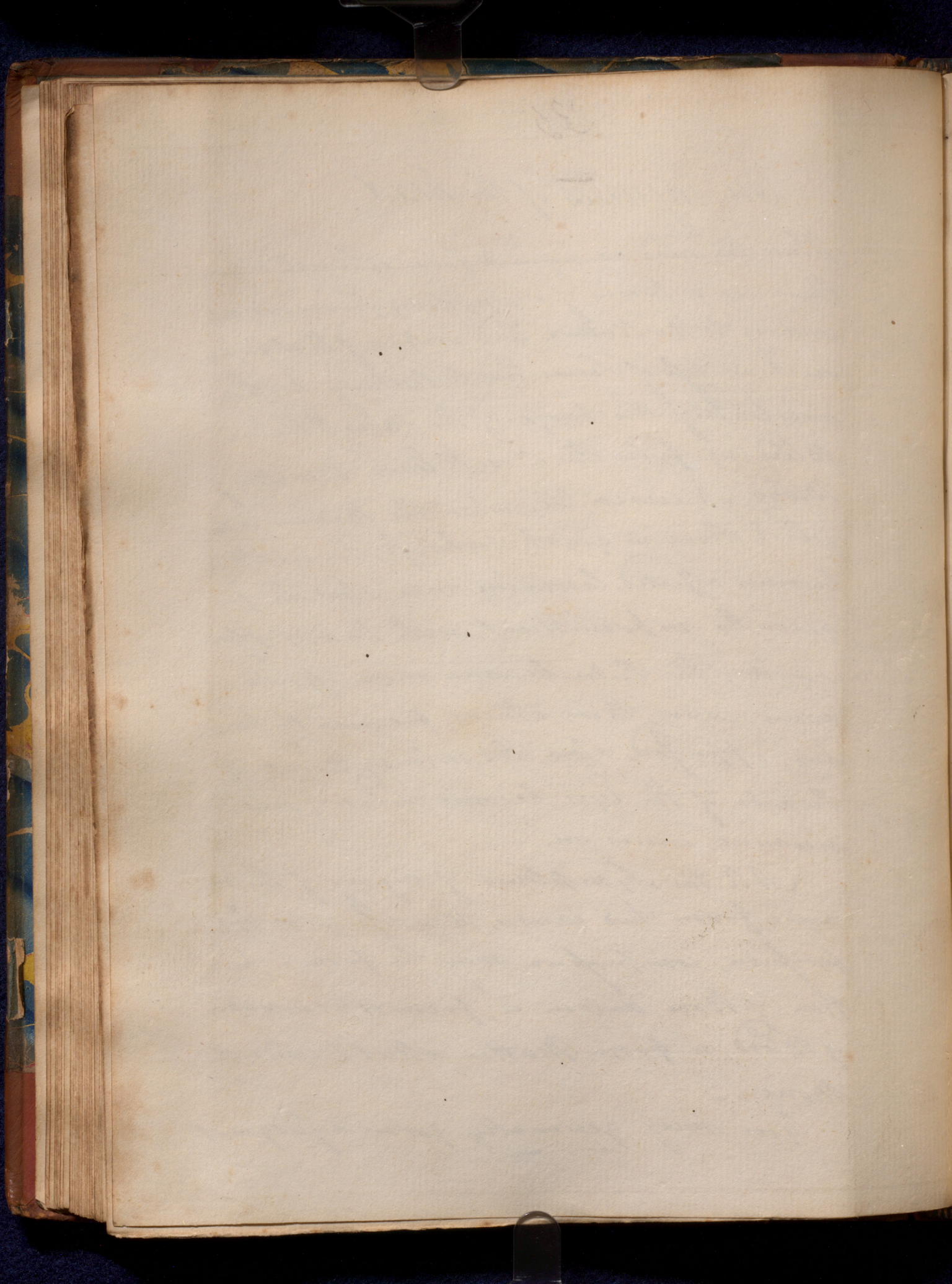
## On injuries of the Head.

When the head is injured from external violence there are a train of Symptoms produced, according to the Nature and violence of that injury such as loss of Sense and Voluntary Motion, involuntary discharge of the Feces & Urine, Bleeding from the Nose & Ears, Vomiting of Blood, Nausea, &c. when the Brain is injured there is great sickness, the breathing becomes affected, becoming more slow and frequently intermittent, with the appearance of Stertor, the Pulse become more affected in some cases than others, frequently becoming oppressed, slow and intermittent, the Pupils of the Eyes become dilated, and Incontinence comes on. —

All the Symptoms of injury of the brain arise from two causes, Concussion or Compression, concussion may be from a portion of Bone driven in, from extravasation of Blood, or from Matter collected under the Bone. —

You may generally form a judgment





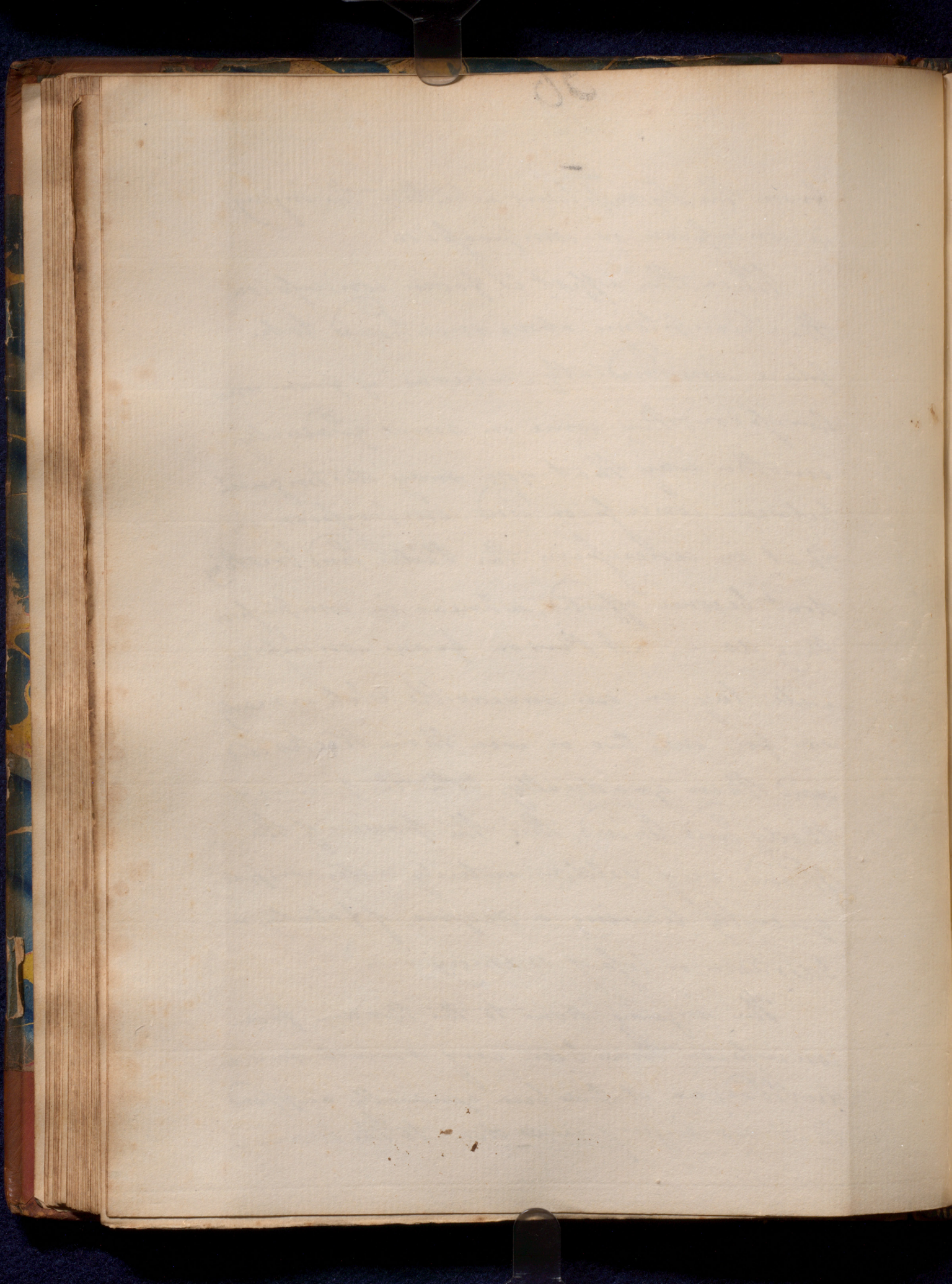


from the symptoms whether the injury is concussion or compression.

When the effect is from concussion the symptoms above mentioned take place immediately, whereas if from compression, they come on more gradually. another way that you may distinguish between concussion and compression, is, that in concussion the Pulse and breathing don't become affected, whereas in compression they do. - A Person from concussion will lay in an insensible state or nearly so, for one, two or even three Weeks and then gradually, both the powers of Body and Mind, tho' the powers of the Mind very seldom entirely return, frequently leaving a degree of fatuity, or Idiotism or loss of memory. -

The injury done to the Brain from concussion has been very much misunderstood, as it has been generally supposed that no injury was done to the brain in





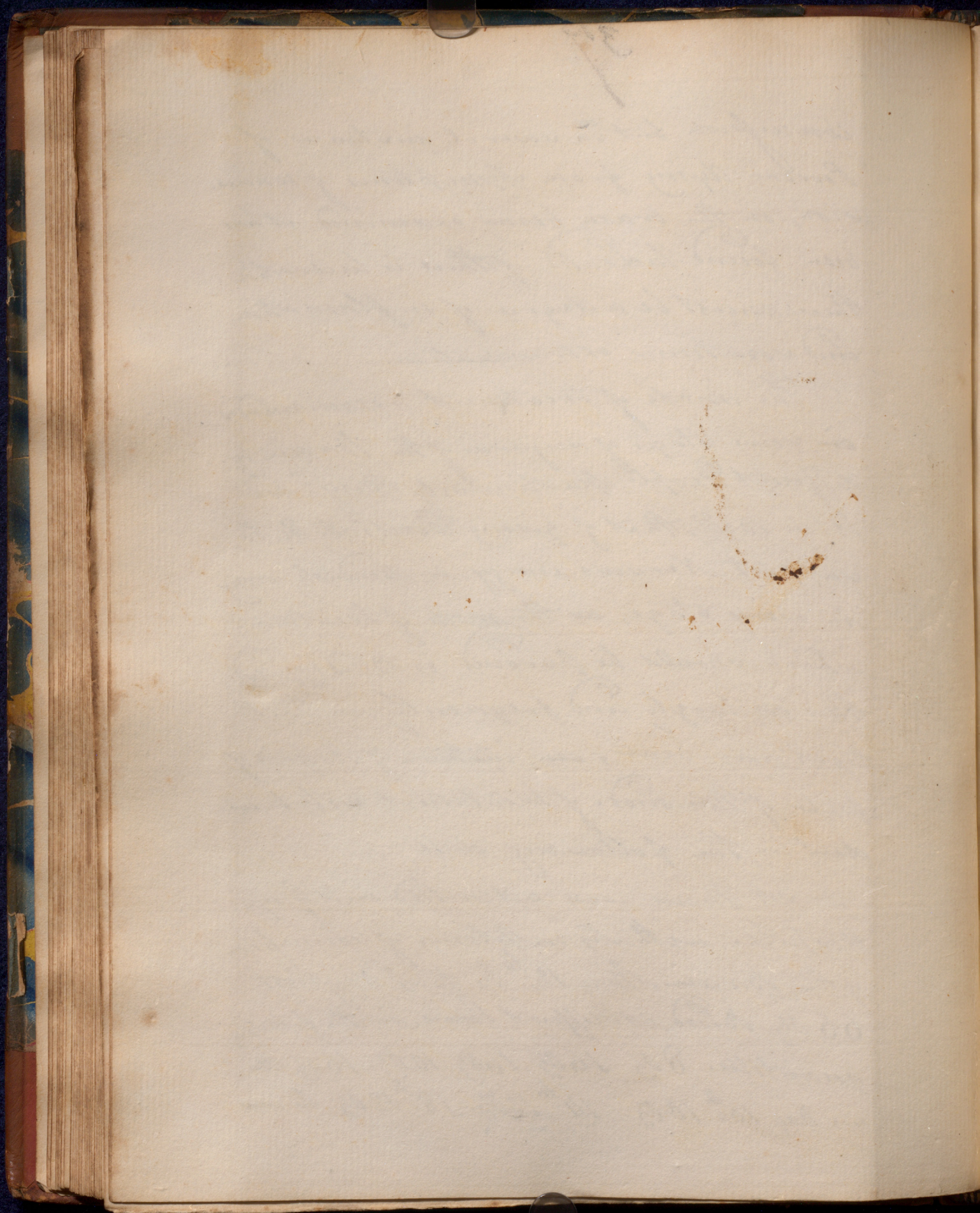


26  
concussion, but in several instances of  
Persons dying from Symptoms of concus-  
sion, on the brain being examined it has  
been found lacerated, if there is laceration  
there must be a degree of inflammation,  
and sometimes extravasation. -

The mode of treatment recommended  
in some stages of injuries of the Brain, by  
different People, particularly Benj<sup>r</sup> and  
Solm Bell, that of giving Cordials &c. to  
support Nervous energy, is decidedly wrong  
in every stage, as the mode of treatment  
which should be pursued, is Bleeding, and  
this as largely and frequently as the Pa-  
tient can bear, an instance of the good ef-  
fects of this mode of treatment will be vi-  
dent in the following case. -

A Man was admitted into Guy's  
Hospital, with Symptoms of concussion  
of the Brain, May 12<sup>th</sup> he that Day lost  
66 Oz. Blood, at different times, in the following  
quantities 8 Oz. 16 Oz. 16 Oz. 10 Oz. 16 Oz. the  
next Day, 13<sup>th</sup> 10 Oz. 14<sup>th</sup> 12 Oz. 18<sup>th</sup> 12 Oz. he was







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by this time so much recovered as to be  
discharged from the Hospital, when from  
some irregularity in his mode of living the  
Symptoms returned, he was again admitted  
on the 26<sup>th</sup> when was again bled losing 16 Oz.  
immediately, and 16 Oz. more in the course of  
the Day, on 28<sup>th</sup> 10 Oz. 30<sup>th</sup> 16 Oz. June 1<sup>st</sup> 10 Oz.  
when he was again so much recovered as to  
be soon after discharged, and the Symptoms  
not again recurring. The Total amount  
of Blood lost was 10. 8 Oz.

Purging is another matter of very great  
consequence in injuries of the head, and which  
frequently affords very great relief.

The application of a Blister too, is very  
often attended with great benefit, more par-  
ticularly in the latter stage, it will frequently  
relieve that distressing pain which bleed-  
ing & purging fail to relieve, the good ef-  
fect arising from the application of Blister  
is not from the quantity of Discharge but  
by making a greater determination of  
Blood to the surface of the head, and from  
this relieving the internal parts. Opening



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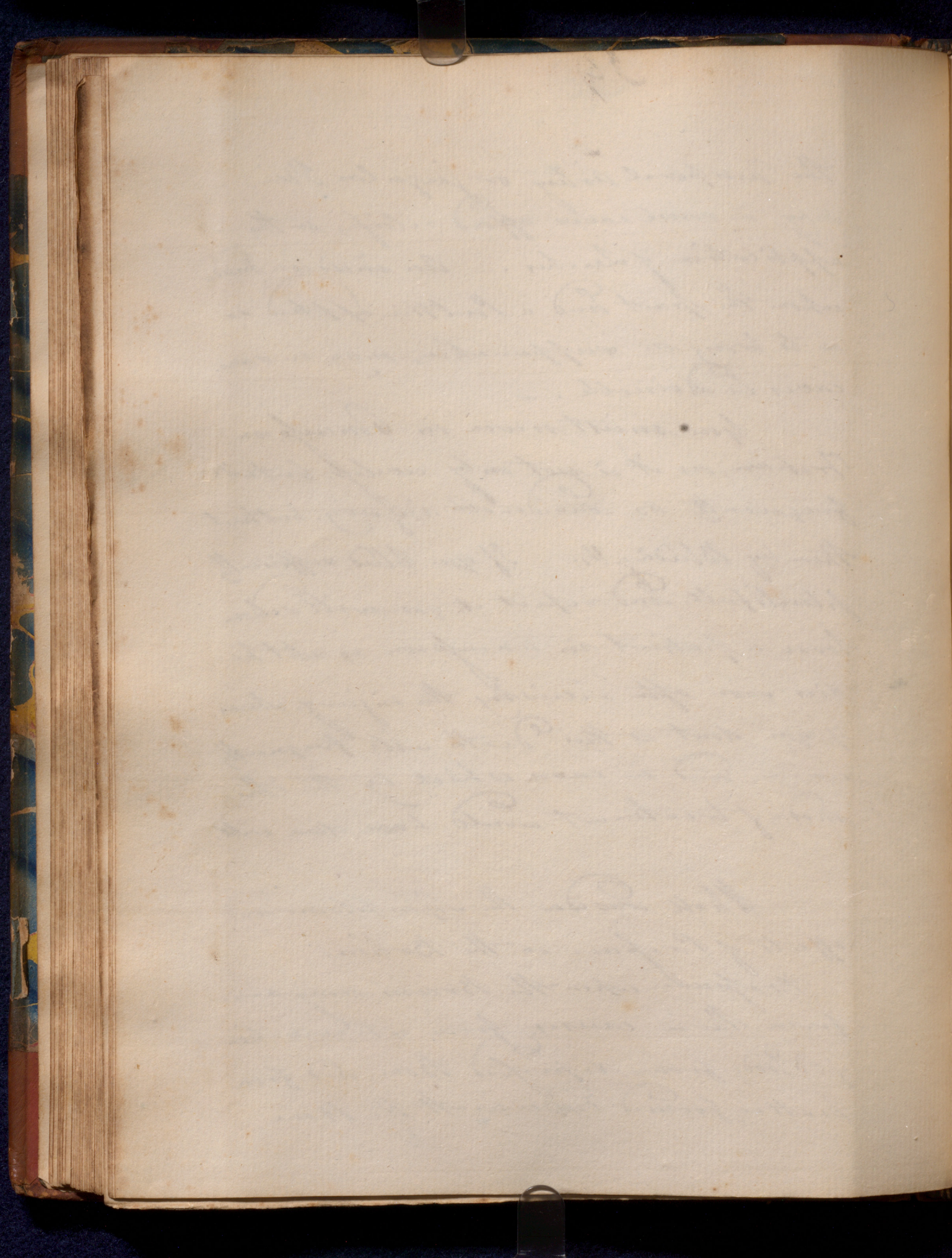
The Temporal Artery or jugular Vein, may in some cases afford relief, or the application of Leeches. — An incision made upon the part and a Poultice applied so as to bring on suppuration, may in some cases be advisable. —

You must never in Concussion Treat an, as it is not only useless, but will frequently do considerable injury, but treat them by Bleeding &c. If you bleed sufficiently plentifully, and repeat it, you will seldom loose a patient in concussion, except he dies soon after receiving the injury, whereas if you dont do this, Death will frequently ensue, and in cases which by the other mod. of treatment would have done well.

Shall consider the Symptoms and effects of Pressure on the Brain.

Pressure upon the Brain may arise from three causes, from extravasation of Blood, from depressed Bone, and from Matter formed underneath the Bone.







The symptoms which arise from Compression, differ from those of concussion in coming on more gradual, the breathing becoming affected, producing the apoplectic state, and in the Pulse being depressed and irregular, a hemiplegia taking place, and this on the opposite side to that of the injury. -

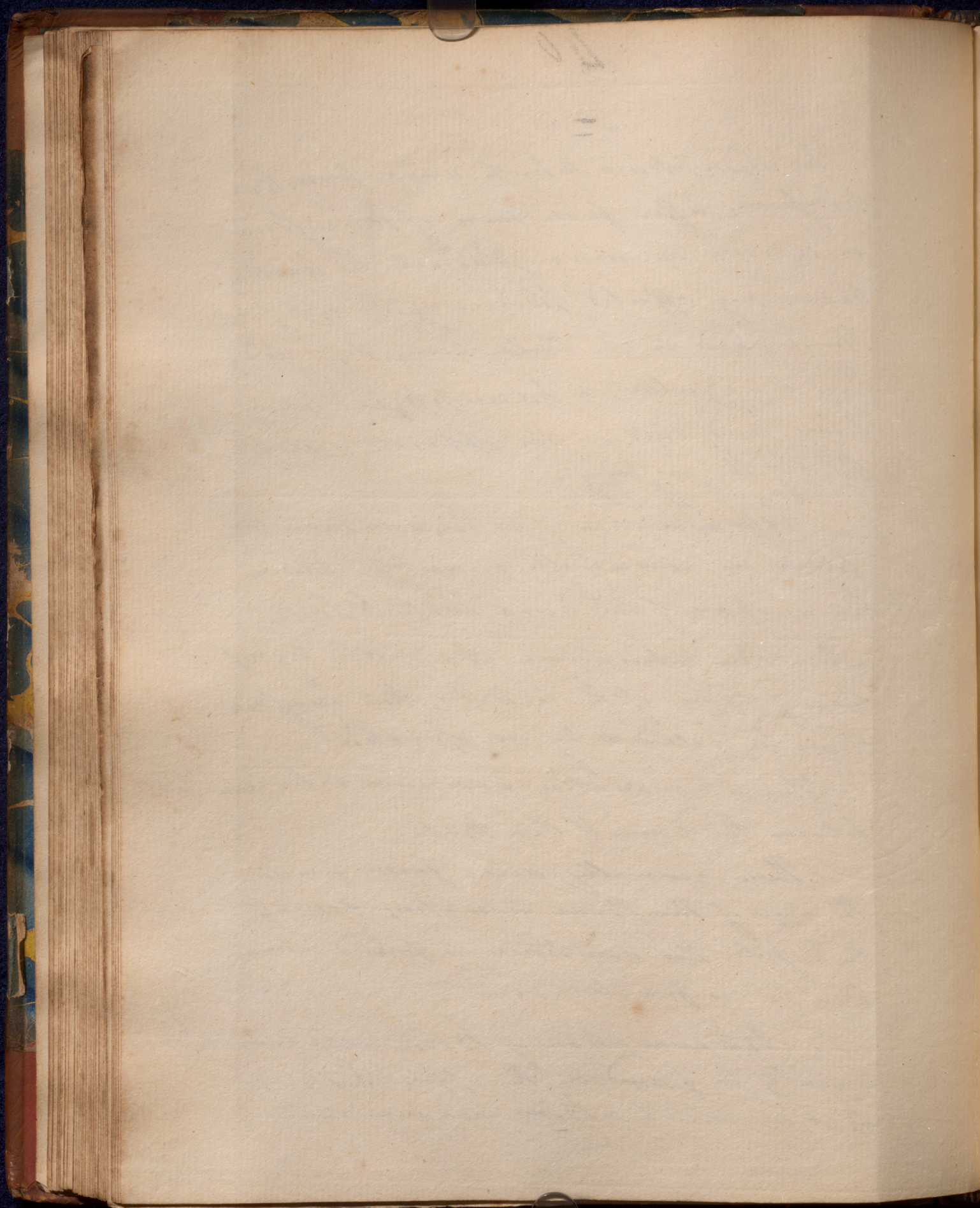
Extravasation of Blood, sometimes takes place in considerable quantity, between the surface of the Dura Mater & Skull, when this takes place, it must be by rupture of some of the Arteries, this may sometimes be relieved by an operation. -

This extravasation sometimes takes place between the Dura & Pia Mater. -

These generally arise from fracture the edges of the Bone lacerating some of the Vessels, this sometimes is found when there is no fracture. -

Extravasation of Blood will frequently be found on the opposite side, to that on which a Blow has been received,







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This must arise from the head striking  
the ground &c. in falling. —

In a case when you have reason  
to suppose there is a fracture, you should  
first make an incision down upon the  
parts, and if you find either fracture or  
fissure, you should immediately trepan  
for if you delay, and employ other means  
'till inflammation has taken place, it  
will then not only be useless but inju-  
rious. —

In case of a fracture of the Skull  
and then are no symptoms come on, you  
must not trepan, but treat the case  
by bleeding &c. as if there are no symptoms,  
tho' there may be fracture; and with de-  
compression (if not attended with wound) yet by bleed-  
ing freely, a cure will often be effected. —

If when you have cut down upon  
the bone, you don't find any fracture,  
tho' the symptoms continue, yet you  
should not trepan, one place only excepted



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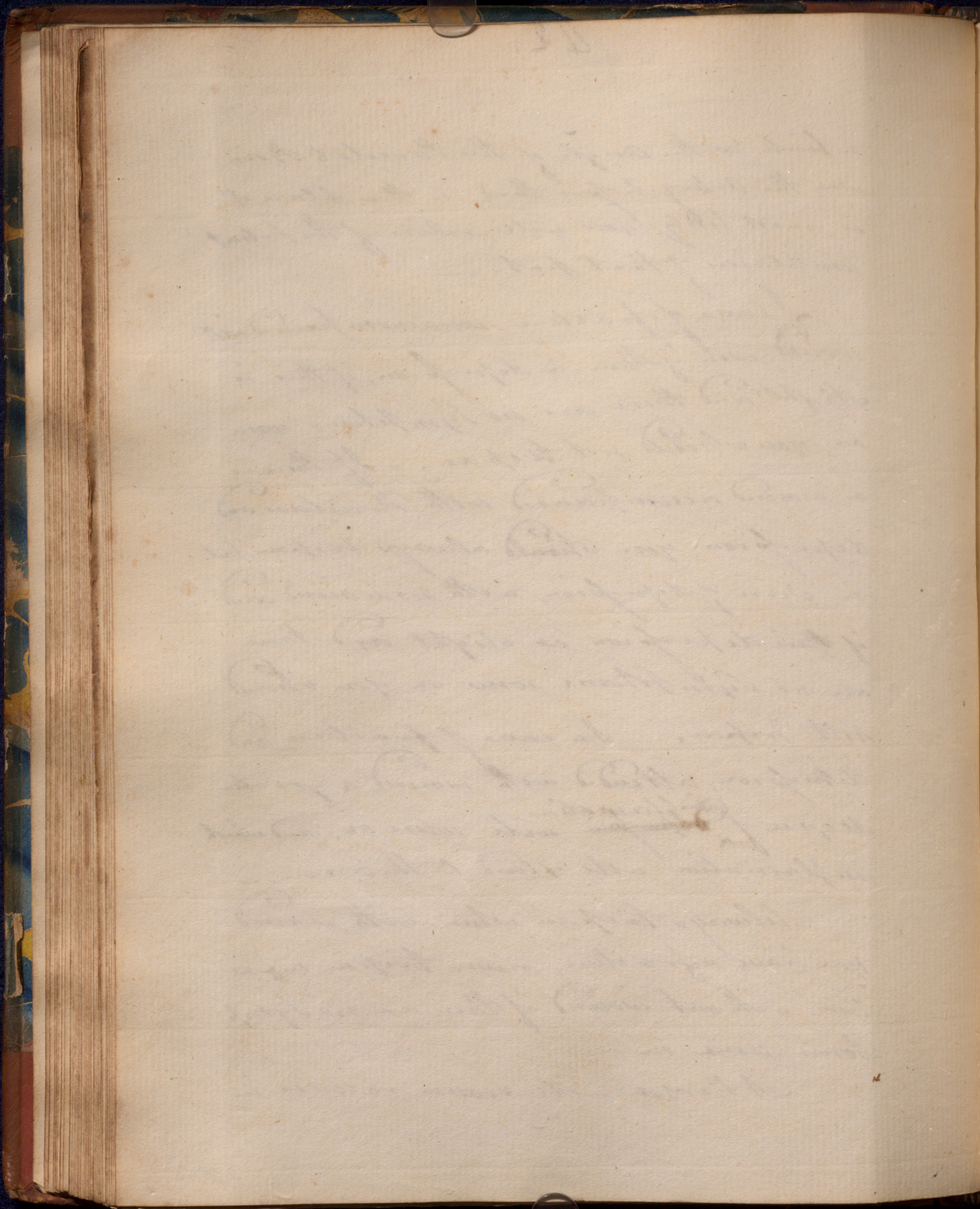
41  
which is the angle of the Parietal Bone  
over the Artery before third, in this place it  
is most likely you will relieve if the patient  
complain of that part. —

In case of fracture, unaccompanied with  
wound, even if there is depression, if this is  
slight and there are no symptoms come  
on, you should not trepan. — If there is  
a wound accompanied with Fracture and  
depression you should always trepan, but  
in case of depression, with no wound, and  
if this depression is slight and there  
are no symptoms come on you should  
not Trepan. — In case of fracture and  
depression, attended with wound, a greater  
degree of ~~inflammation~~ <sup>inflammation</sup> will come on, and which  
inflammation will extend to the brain. —

Always trepan when with wound  
you have a fracture, never trepan in frac-  
ture, without wound if there are no symp-  
toms come on. —

A Person will sooner recover in





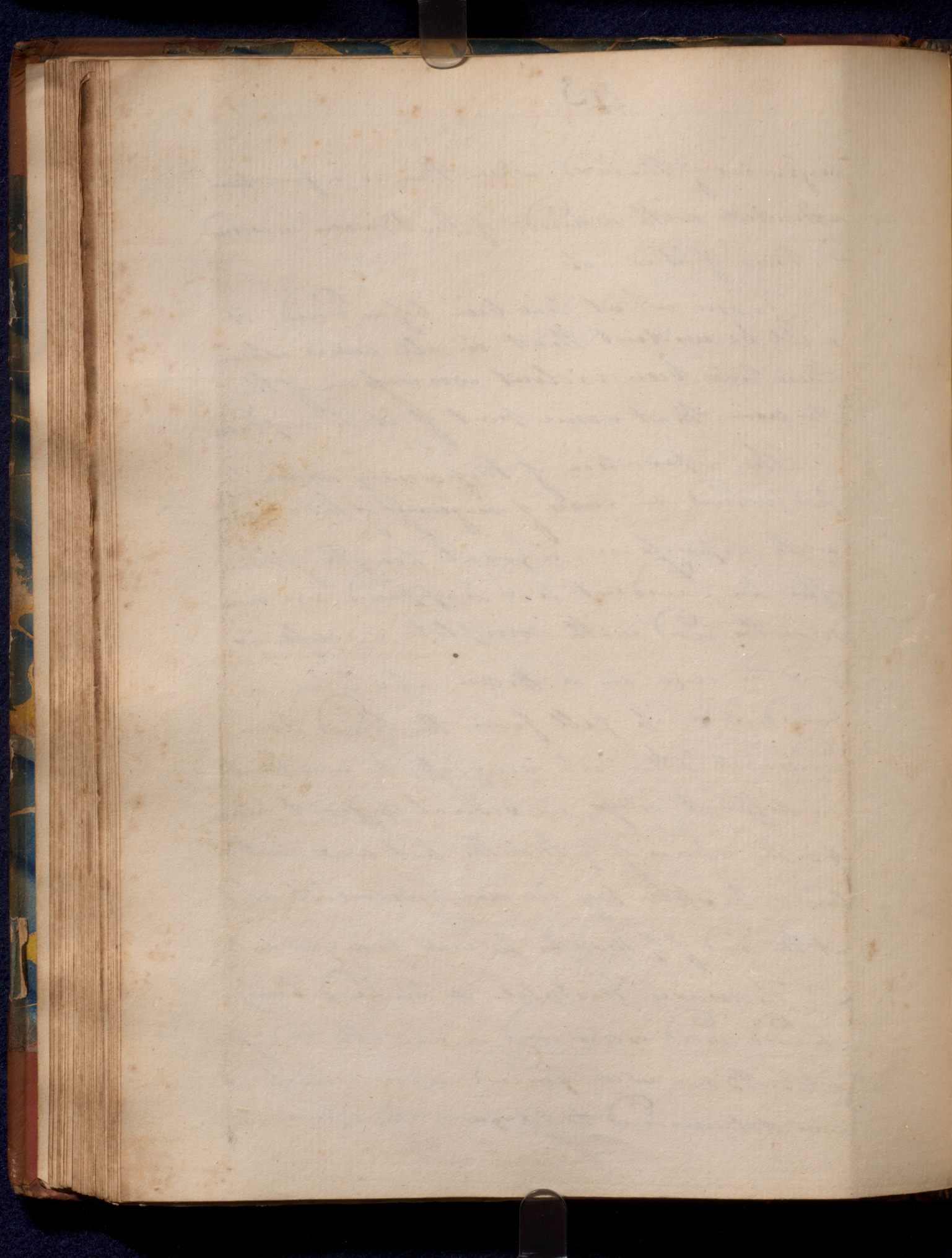


42.  
injuries of the head, when there is a fracture  
attended with wound; if the Brain is wound-  
ed, than if it is not. —

From what has been before said, it  
will be evident that in all cases, when  
there has been violent concussion of the  
Brain, that some part of it is ruptured

The operation of trepanning may be  
performed in cases of injury of the head  
with depression, a great length of time  
after the accident has happened, even many  
months, and with complete success, as  
was the case in a Man, who when on  
board a ship, fell from the Yard Arm,  
and was taken up senseless, he was treated  
in different ways, in several different places  
for the space of 9 Months, but was not re-  
lieved, he still lay in an insensible state  
at the end of 9 Months he was brought into  
St. Thomas Hospital, on his head being  
shaved and examined a small depression  
of the Bone was found, upon which it  
was determined to perform the operation,







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by means of which the depressed portion of  
Bone was removed, immediately upon which  
he recovered his senses, and after some time  
a perfect recovery was the consequence,  
he was not able to recollect, any circum-  
stances which had occurred after the time  
of the accident. —

When there is a formation of Matter  
taking place from the inflammation, the Pa-  
tient will have a very remarkable Pulsa-  
tion of the Carotid Arteries, darting pains  
in the head, the external ~~surface~~ <sup>surface</sup> of them is  
any will become dry and crusty, with a  
Particular puffy state of the Scalp, if it  
goes on to the actual formation of Matter  
the Patient will have frequent rigors and  
flushings of heat, an Hemiplegia will  
take place on the opposite side to that  
of the injury, convulsive symptoms will  
come on with apoplectic Action, and  
Death will be far long done the same, if the  
is not obviated by a timely operation. —



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It is frequently a considerable length  
of time before Matter is formed upon the  
Brain, & some before the expiration of 7 Days  
from the accident, often 10, and has been as  
long as 20 Days, before it takes place, it  
generally arises from concussion, and then  
frequently from want of attention in  
subject to bleeding in the beginning. —

A wound of the Substance of the Brain  
is not of so much consequence frequently  
as might be supposed, as instances have  
occurred where a wound has extended quite  
thru' the brain and without any very vio-  
lent symptoms coming on, and without  
having very little effect on the powers of  
the mind. — Instances likewise have  
occurred, of part of the Brain being en-  
tirely detached from accident, and without  
any serious consequence ensuing. —

If Wounds of the Brain are not  
properly treated, matter will form, and  
destroy part of the Substance of the  
Brain, gradually descending to the







45.

The Ventricles, causing oftentimes mischief  
and in the end Death.

Another consequence of Wounds of the  
Brain is the formation of fungus, and  
which is attended with considerable trouble  
and danger if not properly treated, you  
must not enlarge the opening, thro' which  
it issues, for the reason of applying dressings  
but if the fungus is large you may pass a  
ligature round it to take off the exuberant  
part, then dress with adhesion and band-  
age to make a fungus upon the part  
and by that means keep it down. —

After the operation of trepanning, man-  
age specially if the parts are much injured and  
bruised, the best application will be a common  
Poultice, this to assist the formation of matter,  
you must likewise keep down inflama-  
tion, by proper means. —

But when you think a very thing is  
going on well, you will frequently be  
disappointed, by an insinuating inflama-  
tion, upon which all the favorable



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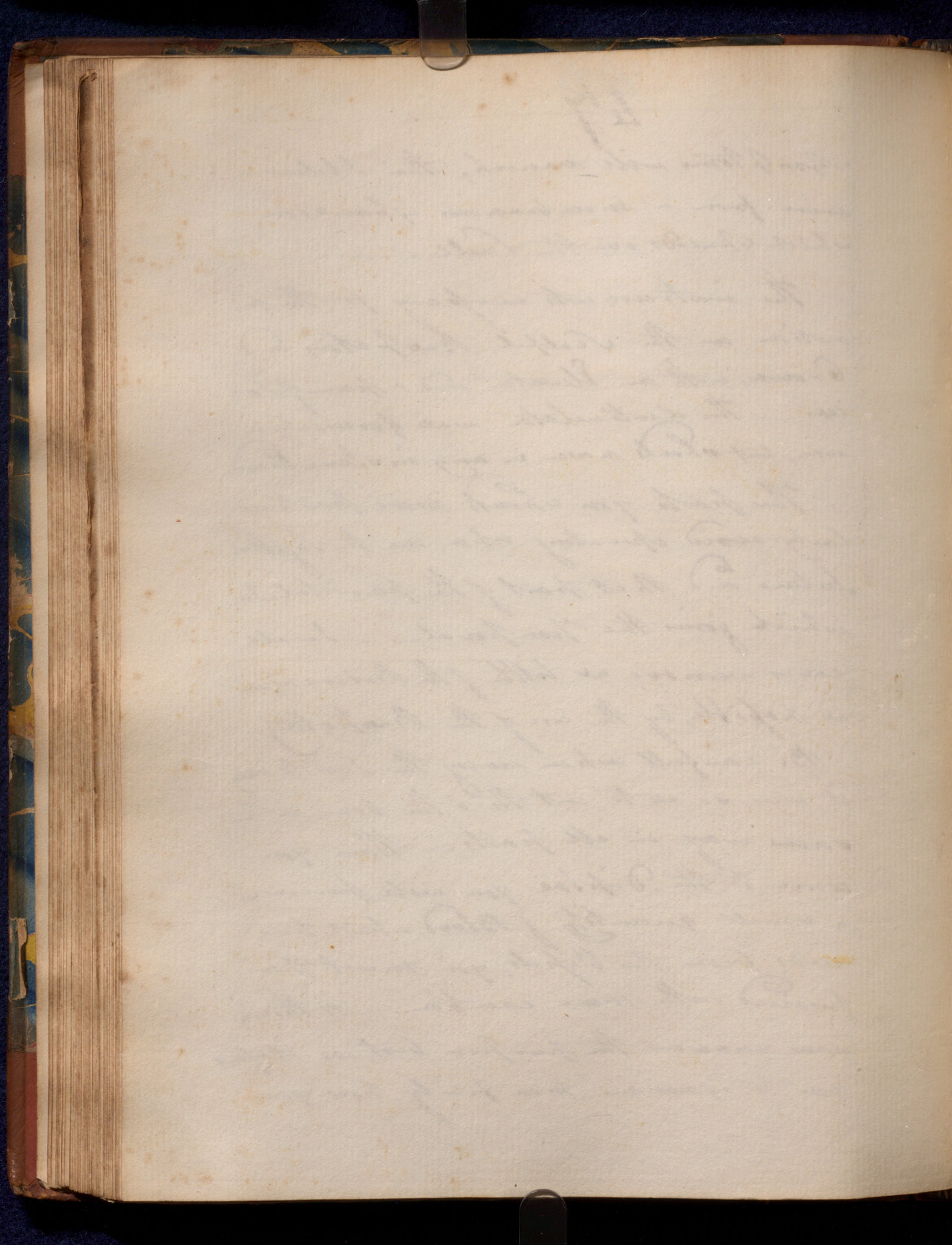
Symptoms will vanish, this I believe  
arise from a membranous expansion  
which spreads over the Skull.

The instruments necessary for the op-  
eration on the Scalp, Raspatory and  
Crown, with an Elevator and a pair of Sta-  
ples. - The Lenticulator was formerly in  
use, but should never in any instance be used.

The parts you should more particu-  
larly avoid operating upon, are the Sagittal  
Suture and that part of the parietal Bone  
which joins the Temporal. - In all  
cases remove as little of the Pericranium  
as possible, by the use of the Raspatory.

Be careful when using the Saw to cut  
it even, so as to cut thro' the bone in the  
same way in all parts. - When you  
come to the Diploe you will perceive  
a small quantity of Blood, which pro-  
ceeds from the Vessels, you must then  
proceed with more caution. - A thick  
saw answers the purpose best, as it allows  
you to examine more fully how you





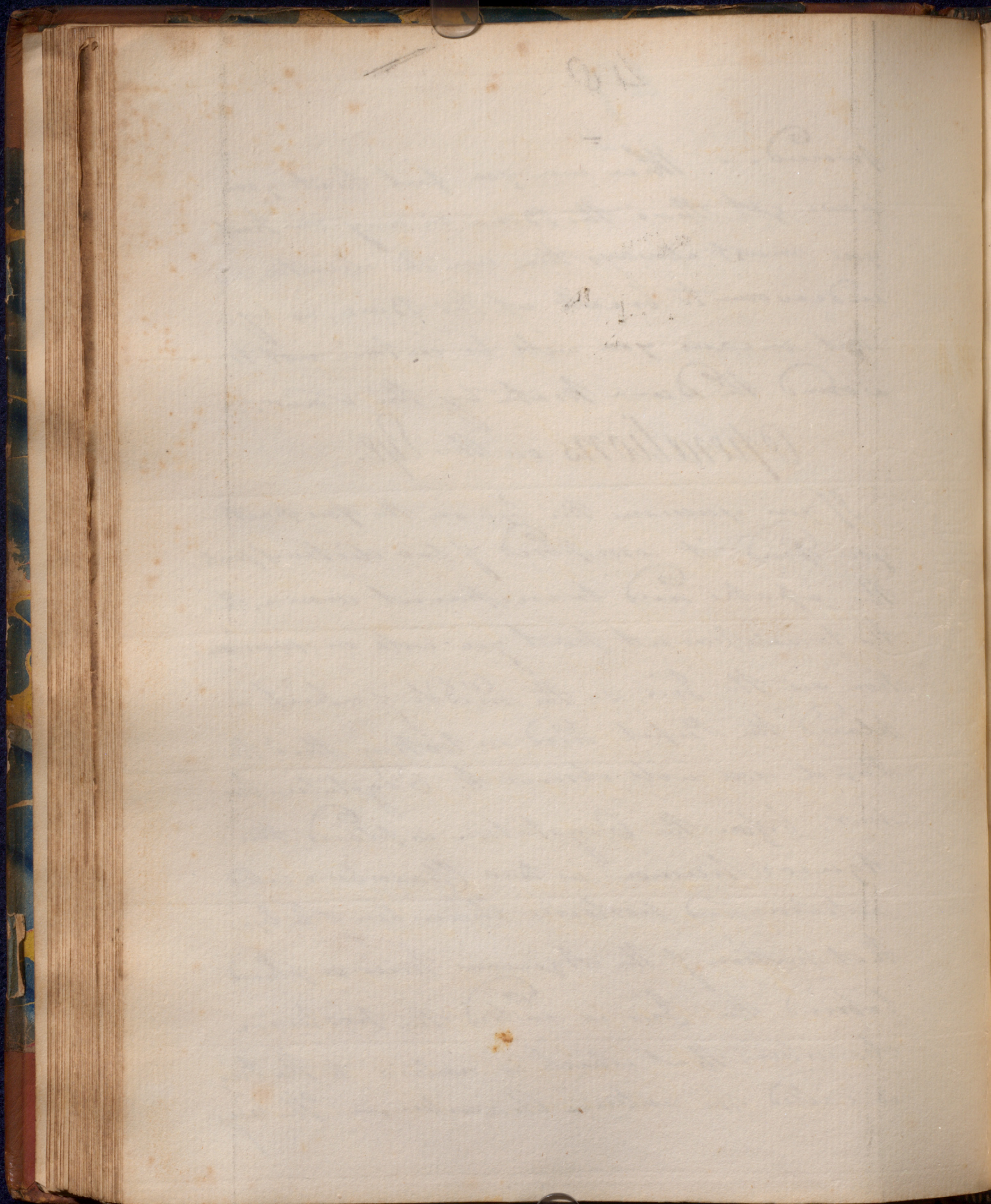


pressed. -- When ever you feel that you have got thro' the Bone in any one part you must always then use the elevator, and endeavour to break up the Bone, as by that means, you will be certain not to wound the Dura Mater by the saw. --

## Operations on the Eye.

If you examine the Eye on the fore part you find it composed of two distinct parts, the opaque and transparent cornea, thro' the transparent part you will on examination see the Iris, in the middle of which is placed the Pupil, and on looking thro' the Pupil you will observe the Crystalline Membrane, before the Crystalline is placed the Aqueous humor, in two Chambers, called anterior and posterior Chamber of the Eye. That portion of the Aqueous humor placed behind the Iris is called the posterior chamber, that which is anterior to the Iris, is called the anterior Chamber. The Cryst.







Crystalline humor is contained in a capsule, and is supported by the Vitreous humor in which it is imbedded, which humor is behind the Crystalline, and the Ciliary processes. —

The disease called a Cataract, is an opaque state of the Crystalline humor or its Capsule. — The first Symptom, which is usually perceived in the beginning of a Cataract, is an appearance as tho' there was something floating in the air before the eyes, as tho' there were flies or different things. — The next Symptom which usually comes on is a degree of Mistiness in Vision, in the course of a little time longer, the patient is better able to see in a weak light than in a strong one, this last is a strong distinguishing mark between this and some other diseases of the eye, in a Cataract there is never a total loss of Vision, if this is the case, there must be a Mixture with some other disease. — When you examine



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The Eye in Cataract you will frequently perceive as tho' there was a Pearl situated in that part of the Eye, when the Crystalline Humor is situated, this is a strong distinguishing Symptom but is not always present. — In some people the humor appears streaked in a radiated way from the center to the circumference, when this is the case the Cataract is of a solid consistence, if it appears of different colours it is not solid, when it is in a fluid state, it appears of a milky or Cream Colour. — The Substance of a Cataract is sometimes partially Solid and partially fluid, it is likewise sometimes converted into Bone. —

The capsule itself sometimes is the subject of the Disease becoming opaque, when this is the case, the radiated appearance is much forwarder, this case is much more difficult of cure than when the humor is affected, owing to the capsule



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adhering to the Iris. — In some cases there is nothing but the capsule of the crystalline lens remaining. —

The cause of this Disease is a slow inflammation of the capsule or its humor.

This Disease too is frequently hereditary, and instances have occurred of Children being born with this disease, when this is the case it is generally of the soft kind. —

I shall now mention the different operations which have been performed, for the relief of this Disease and point the advantages and disadvantages of each. —

No operation should ever be performed whilst one Eye is perfect, the reason of this is, was the operation to succeed, the focus of both Eyes would not be the same and therefore one Eye only would be useful.

Always be guarded in performing the operation in case there has been retraction and violent inflammation. —

Before you perform any operation







it will be always necessary to prepare the Patient, not only by Bleeding, Purging &c. but to prepare the Eye, that is to accustom it to stimulus, by frequently irritating the Eye, by rubbing it with the blunt end of a Probe, and from this making it less irritable.

The Operations for this purpose are those of Extraction and Depression. - I shall begin with that of Extraction. - The Knife for this purpose should become gradually thicker towards the handle, for the Purpose of exactly fitting up the space as the Knife enters, to prevent the escape of any of the aqueous Humour, a small instrument like a Needle and which should be perfectly straight not curved at the point as they commonly are, this is for the purpose of scratching the capsule, a pair of small Forceps and a Scoop.

When you perform this operation, you should place your Patient in as dark a Room as possible, provided you can see



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sufficiently to perform the operation, place the patient on a low chair, and yourself on one considerably higher, with your foot upon the side of the patients chair, which will allow of your elbow being rested on your knee, your hand should be rested on the patients temple. — An assistant should with a cloth raise the upper eye lid, pressing it against the edge of the Orbit, but must not make the least pressure upon the eye, the assistant must likewise firmly support the patients head and body. — The Surgeon must pull down the lower eyelid, with middle finger pressing it against the edge of the Orbit, the four finger is for the purpose of pressing on the opaque Cornea, to fix the eye, for this purpose no Speculum must be used, as they always do more injury than good. — The point of the Knife should now be introduced, into the transparent Cornea about  $\frac{1}{12}$  part of an Inch from the edge of the



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Opake Cornea, carrying at an angle the center  
 of the Eye, to the same part on the opposite side.  
 The knife should be of a sufficient width, to  
 completely divide the parts by its passage  
 thro', without the necessity of using any other  
 motion, for that purpose. — An improve-  
 ment has been made of late, in not cutting  
 the part entirely thro' with the knife, but  
 leaving a small chan, and which must be  
 finished by a very fine pair of Scissors, this  
 is to prevent that sudden jerk, which will  
 sometimes take place in passing the knife en-  
 tirely thro', when you then divided the parts  
 you must then take the Needle, introduce  
 the point to the center of the Conglutination Humors,  
 tear the capsule and the Humors coheres, here  
 make a very slight degree of traction may  
 be necessary for this purpose, in the the  
 Operation of extraction consists, you must  
 then keep the Eye completely cool by means  
 of cloths moistened in Aq. Lythay. Acet, and



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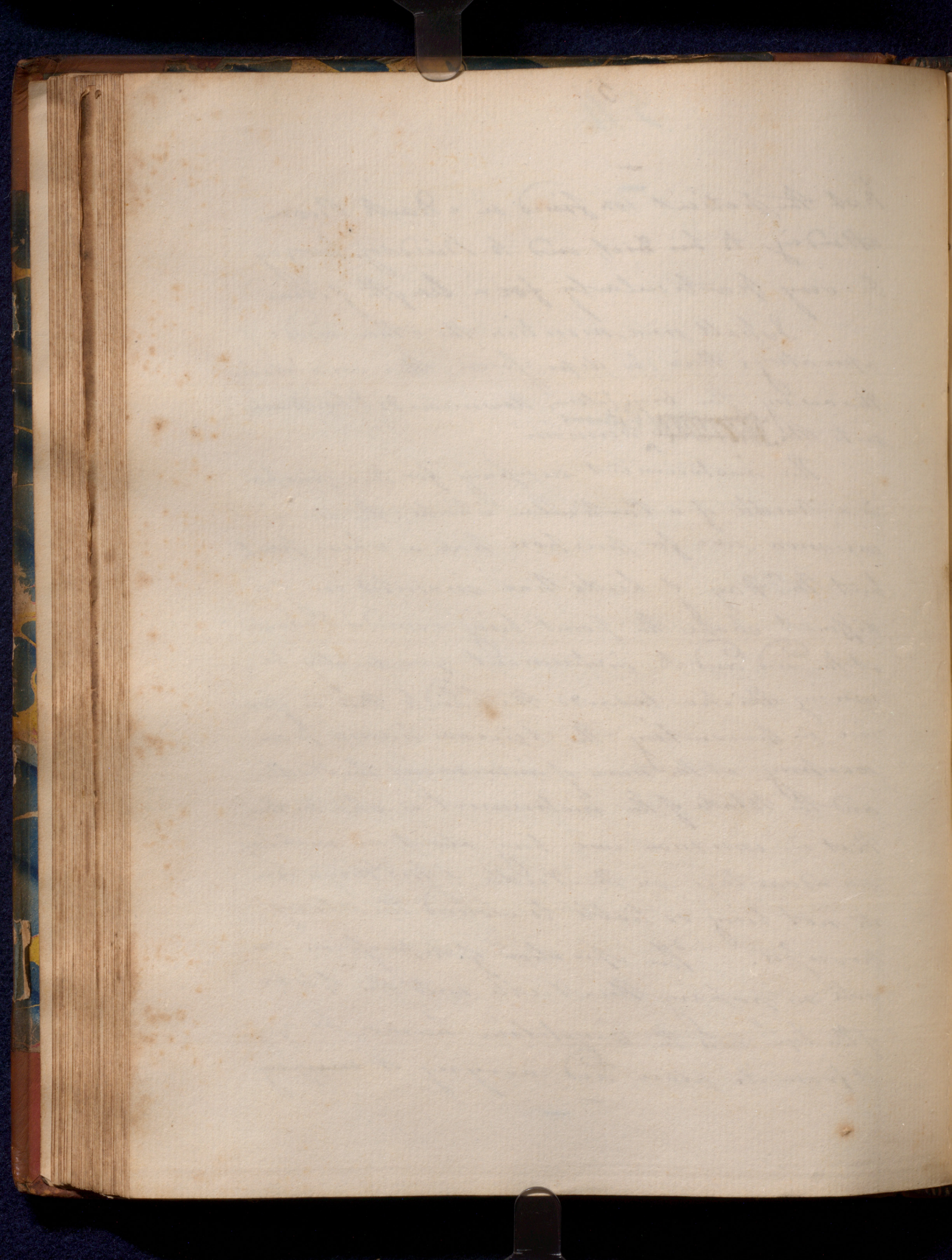


But the patient was found in a Dark Room,  
attending to his Diet, and to Reading, purging  
&c. very particularly for a length of time

I shall now mention the other mode of  
operating, this is depression, this consists in  
throwing the Crystalline, downwards & backwards,  
into the ~~aqueous~~ <sup>vitreous</sup> humour. —

The instrument necessary for this purpose  
is a Needle of a Particular Shape; the one in  
common use for purpose has a spear point,  
but Mr. Hay of Leeds has invented one of a  
different shape the point being rounded & sharpe  
at the end, and the instrument gradually be-  
coming thicker towards the handle, this is gen-  
erally in preventing the Aqueous humour, from  
escaping at the time of introducing the Needle,  
and the Blade of the instrument is shorter than  
that in common use being about an inch long.  
an advantage in the Needle of Mr. Hay's is  
its not being so liable to wound the ciliary  
processes. — The operation of depression con-  
sists, in passing the Needle into the Globe  
of the Eye, into the Crystalline humour, bringing  
it from its place, and carrying it carrying







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into the back part of the <sup>Vitreous</sup> ~~Humour~~ Humour  
in an oblique direction downwards and out-  
wards. The point of the Needle is to be intro-  
duced  $\frac{1}{8}$  In. behind the transparent cornea,  
in the Opake, it must then be carried to the  
middle of the Eye, then the point must be raised  
by depressing the handle, raising the point, and  
by that means carry it into the Opake crys-  
talline humour, till you perceive the point  
by looking thro' the pupil, then depress the  
point of the Needle, and by this means carry  
the point of the Needle downwards and out-  
wards. - The after treatment is the same  
as in the preceding way. -

There are certain objections, which take  
place against each of these modes of Opera-  
ting. - With respect to those against extraction  
one is in case of the Eye moving during the opera-  
tion, this completely defeats it, a second objec-  
tion, is in the degree of inflammation which  
succeeds and which sometimes goes on to sup-  
puration, if it does not do this it may cause  
such a Degree of Opacity, as to defeat the  
intention of the operation, a third is, that the



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Aqueous humor will frequently escape as soon  
 as you have introduced the Knife, and which  
 completely prevents your proceeding with the  
 operation at that time, but defer the operation  
 till this is restored, which will be the case in  
 about a fortnight, a fourth objection is that the  
 Iris will frequently be wounded, and a contraction  
 takes place which in some measure defeats  
 the intention of the operation. a fifth is, when the  
 Iris is wounded there is always an extravasation  
 of Blood, and a subsequent ulceration. a sixth ob-  
 jection to this mode is, if the capsule is opened  
 it will hang down like a curtain behind the Pa-  
 upil, in this case it becomes necessary to  
 make use of a small pair of Forceps to ex-  
 tract it. Seventhly, in case the humor is in  
 part in a fluid and in part in a solid state, this  
 will render the use of a small Scoop necessary.

With respect to the operation of depressing  
 the Cataract, the principle objection is, in  
 the humor frequently again rising after depression  
 to its former situation, but this objection is quite  
 done away by Mr. Hay, who says when this is  
 the case the operation only wants repeating  
 and which should and may be done with safety







several different times in the same subject.

Great gentleness is necessary in performing this operation, and perhaps several attempts will be necessary before you can succeed, as if there is the least circumstance of consequence occurring you should not proceed with the operation at that time. - Another objection has been made to this mode of treatment, on account of its tearing the 3 coats of the eye, but this objection is now completely done away.

Another objection is, that if the humor is soft you can't depress it, and by its bursting and mixing with the aqueous humor it will render this opaque, but if this is the case the opacity will after a time be entirely ~~deposited~~ absorbed.

When the capsule is opaque you can't in this case depress it, but you may carry the Needle thro' the anterior part of the coat puncturing it in several places, it will then frequently become either partially or entirely dissolved. -

With respect to a comparison of the success attending the two operations, that of Extraction has seldom or never entirely succeeded, the other sometimes has, therefore should advise that of Depression, for if you







don't succeed in the first instance you may repeat the operation, and then for several times. — With respect to Instruments the performance should be given to Mr. Wray.

## On Fistula Lachrymalis.

On the upper and outer side of the Eye lid, is the Lachrymal gland which secretes the Tears, and which are carried by a groove in the inside of the Eye lids to the inner Angle of the Eye, and the pass thro' two small holes in the lower lid at it inner Angle called *Puncta Lachrymalia*, into the Lachrymal Sac, which is placed at the lower part of the inner Angle of the Eye, and from this Sac, they pass by a channel called *Ductus ad Nasum*, to the Nose. —

From the *Puncta Lachrymalia* to the bottom of the Lachrymal Sac, the distance is about 12 L. and the *Ductus ad Nasum* is about the same length. —

The *Fistula Lachrymalis* is caused by an obstruction of the *Ductus ad Nasum*.

The first Symptom of this Disease is green







rally a degree of weakness in the eye of the side affected, and the patient will be induced to rub the part, the consequence of which will be a degree of pressure upon the Lachrymal Sac, which will cause a flow of tears over the Cheek, on observation in this stage there will be a small Tumour perceived at the lower part of the inner angle of the eye, and upon pressing this, the tears will be forced out again at the *Puncta Lachrymalia*. -

The second stage of this complaint, if you now examine you will perceive a degree of redness to have taken place, and upon pressure being applied, a quantity of pus will be forced out instead of tears. -

If the progress of the disease is not arrested in this stage, in the course of a little time, there will be two small swellings observed, by the side of the Nose, and after a time one of these swellings will burst, a quantity of matter will be discharged, and the tears will continue to pass thro' this opening, and this constitutes the true *Fistula Lachrymalis*. -



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The opening which in this way takes place is not always exactly on the Lacrymal Sac. —

The cause of this disease is a Stricture of the Ductus ad Nasum, from a thickening of the membrane of the Duct, and which frequently arises from a Scrophulous habit of Body, and may arise from several other causes, one of which the most frequent is Scrophula, is a Curved affection of the Nose.

In the first stage of this complaint the treatment is very simple, it consists in abating the inflammation, and what answers this purpose very well, is by applying a few drops of Aq. Lythong. Aut. with a portion of Mint. Oil between the Eye Lids after squeezing out the Tear and this will help thro' the Perfora Lacrymatoria into the Sac. — It has been proposed to introduce quicksilver by means of a small Glass Tube passed into the Perfora, and to inject the Sac, by means of a small Syringe with any bland injection, both these







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ways have been found useful upon different occasions in this stage of the Disease. —

In the second stage of this Disease, there is a considerable degree of inflammation, the application of a few Leeches, may be service, and when you may pump out the Matter, and afterwards make use of the Lotion in the way mentioned in the first stage. — If you cannot in this way get the better of the inflammation, you should then make an incision into the part to discharge the Matter, and not wait for it making its way out as the Bone might in this case become diseased, and which would render any operation useless. — The simple incision will frequently produce a Cure. —

To make an incision into the Sac, you should begin it at the inner angle of the Eye, then feel for the ridge of the lower edge of the Orbit, make your incision  $\frac{1}{8}$  In. from this, carrying your Knife in a Semilunar direction till you have made the incision  $\frac{3}{4}$  In. long. — You may know when you have made the opening into the Sac by passing a probe into the Sac and a Bougie



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up the Nose, behind the inferior turbinated Bone, on passing which if you have cut into the Sac, you may move the probe by the Bougie.

When you have made this incision, it is better to wait a while before you proceed to do any thing else, to let the inflammation subside, only prevent the wound from closing, then when the inflammation has subsided, you must endeavour to pass the blunt end of a small probe into the Nose, thro' the Ductus ad Nasum, you perhaps will be under the necessity of making several attempts before you can pass it.

When this has been done it has been recommended to introduce a small Silver Tube, and to wear it for a length of time, to prevent the Disease returning.

In the third stage of the Disease the Ductus ad Nasum is so completely closed as not to allow of a probe or any other instrument, being passed by the Canal into the Nose; in this stage it is usual to make an artificial opening from the Sac into the Nose, by perforating the Os Vomeris, with a







curved Trocar, and endeavouring to keep the perforation from closing by means of a small portion of Bougie or by means a small silver pin called a Style, and keeping this in its situation by means of a small bit of adhesive plaster spread over the surface of the external opening. - This operation very seldom entirely succeeds, the opening generally closing again. - It is possible the application of a caustic in this case might be of service. - Another reason why the operation fails, is from the degree of inflammation induced the sides of the Lachrymal Sac frequently adhere, thus obstructing the Gouty.

A Natural Cure is sometimes effected by an exfoliation of the Os Unguis. - The application of mild Mercurial Ointment to the part will in some cases effect a Cure



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## On Aneurisms.

An Aneurism is a pulsatory Tumor situated upon an Artery, and arising from the coats of the Artery giving way. -

When it is situated on the Extremities you can't be at a loss to determine its nature, even in the incipient state, in the beginning it is soft and compressible, easily giving way to a degree of force applied, and returning again to its former Bulk on that pressure being removed. - If you make a pressure upon the Artery above the Aneurism so as to prevent the Blood passing along that Artery, you may then by pressure upon the Tumor entirely empty it of its contents, and which will remain in this state, till you remove the pressure above, immediately on doing which the tumor will again become filled.

In the beginning of Aneurism there never is any pain, tho' there will sometimes be







slight oedema of the Limb or Muscles of the part, and the Skin in this stage is not at all discoloured. -- In the second stage of the Disease if you press upon it, you will find it considerably harder, and it will have less of the Pulsatory feel, and you cant now empty it so completely as before, but may form a judgment of its Nature by the same means as before. --

When a degree of hardness has taken place, the Tumor then generally becomes painful, and after it has remained in this second stage for some time, the Skin becomes discoloured, after a little time longer the Arteries begin to crack and separate, an Eschar is formed upon the part, the Skin becoming of a Black colour, little holes are formed upon the edge of this Eschar, and the Skin begins to separate for a small distance, a quantity of Blood is then discharged sometimes more than life, this Bleeding is seldom so profuse as to cause immediate Death, but a Coagulum



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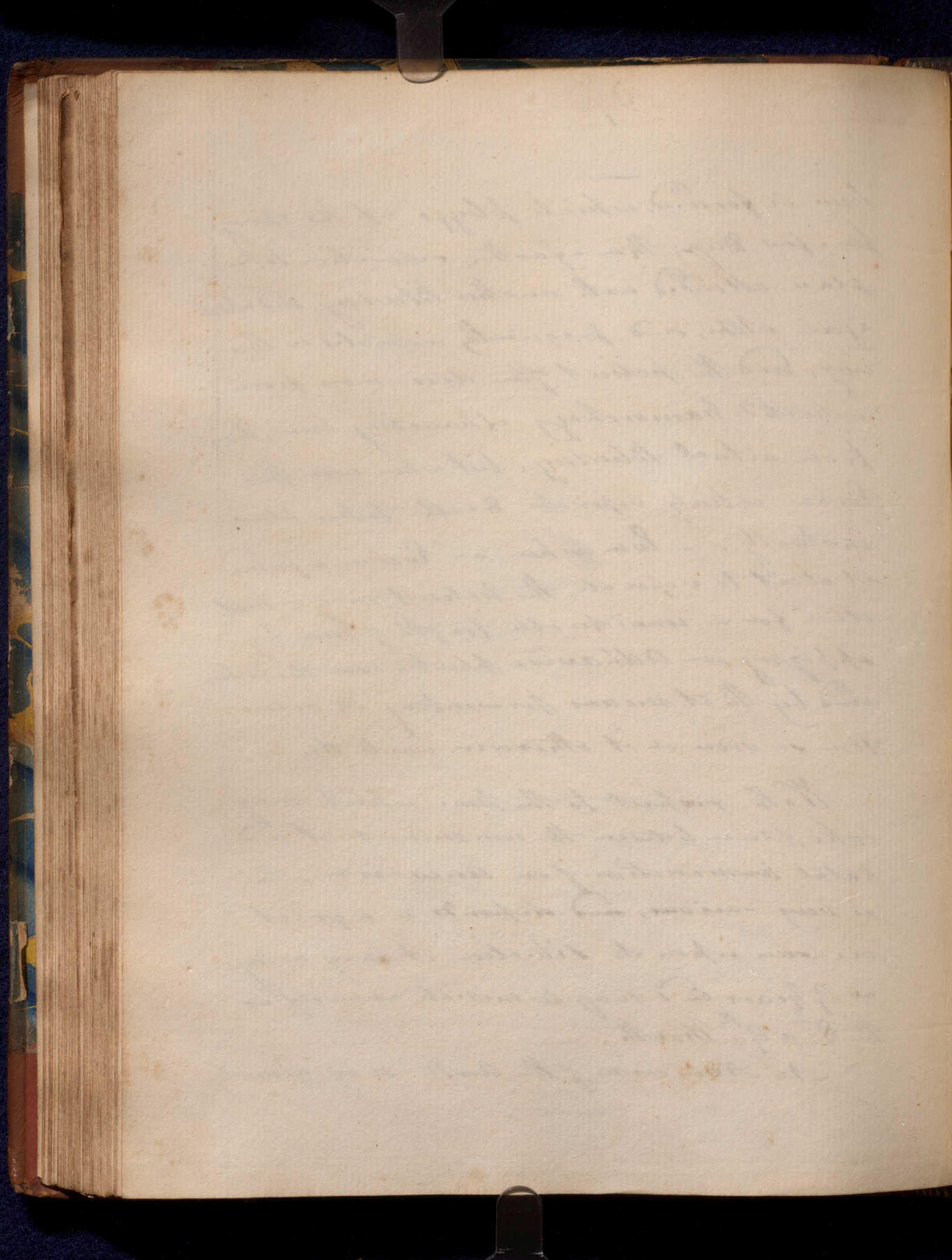


clum is formed, which plugs up the opening for a few days, then a further separation takes place attended with another Bleeding, and which again stops, and frequently repeated in this way, and the patient often dies more from repeated hemorrhage exhausting him, than from actual Bleeding, but when ever this Lochia entirely separates death takes place instantly. — Even when an Lochia is formed at about to separate, the patient may be kept alive for a considerable length of time by applying an adhesive plaster over the Oschea and by that means preventing its separation so soon as it otherwise would do. —

With respect to the time which may take place between the commencement and fatal termination of an Aneurism, this is very various, and depends in a great measure upon its situation, it may as long as 9 years and may terminate as early as the 8<sup>th</sup> or 9<sup>th</sup> Month. —

An Aneurism of the Aorta may generally







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be seen or felt upon the breast, by its impulse  
against the Ribs or Sternum, causing them  
to be absorbed, and thus way pointing externally,  
more frequently situated on the right side  
than the left, it is more frequently found  
to originate at the part of the Aorta, where the  
Pericardium is reflected back over the heart,  
or else at the Curvature. —

An Aneurism of the Aorta causes a  
considerable degree of difficulty of breathing,  
and does not always occasion Death, from  
Bleeding, but by its size, causing a pressure  
upon the Bronchia, and in this way impeding  
the breathing, and causing by this pressure  
a collection of Mucus in the Lungs, Bronchitis  
&c. and in that way occasioning Death.

When Aneurisms form in the Cavity  
of the Abdomen, they frequently point at  
the back above the Ilium, and if care is  
not taken may be mistaken for Lumbar  
Abscess, which has been the case.

When they are formed in this situation



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by their pressure upon the Vertebra they frequently cause a portion of them to be absorbed.

One Symptom by which you may distinguish an Aneurism in this situation, is when the patient attempting to take a greater degree of Exercise or to exert himself more than common, he feels a particular sensation as tho' there was something alive in the part. —

With respect to the time of Life most subject to this Disease, they are very seldom found in young Subjects, generally between the age of 40 and 50, a later, independent of them arising from accidental cause, as from this cause they may originate at any period. —

On examination of an Aneurism by dissection, you will find it composed entirely of the coats of the Artery only in the early stage of the complaint; when it becomes larger, it then is formed in a great measure of the surrounding parts it may come in contact with, then by condensation or by the growth of a dense inflammation. — Every true



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Aneurism in its course becomes Spurious.

From the last circumstance it is evident, that if the Operation is long deferred, it cannot be so effectual in restoring the perfect use of the limb, as is done in an early stage.

There is a deposition of coagulum taken place throughout the whole of the internal surface of the Aneurism, except in one particular part, (this is deposited in layers) and thro' this part the Blood issues when it bursts.

The cause of Aneurism is seated in the Membranous Coat, and arises from a chronic inflammation of that coat. —

The Artery seldom gives way in its whole circumference, generally on one side only. The Artery communicating with the Aneurismal Sac by a small opening, then one or two cutaneous to the general Pulse. —

Aneurism appears to arise from a remarkable irritable state of the Arteries, in such people as have the pulse considerably affected, from slight causes. They often







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arise in people who are exposed to more violent action than they are able to bear. —

Aneurisms generally end in death, except this is obviated by a timely operation, tho' there are now and then instances of their being cured spontaneously. —

In case of femoral aneurism it is possible for the artery to be tied under Poupart's Ligament, and yet the circulation of the limb be carried on by means of other vessels. —

With respect to performing an operation for aneurism, I shall begin with mentioning that performed for the Popliteal. —

The mode of Practice which was used formerly, was to first apply the Tourniquet then to begin the incision upon the upper part of the Tumor, and carry it to the lower, first thro' the integuments, then thro' the sac, then introducing the finger to take out the whole of the Coagulum, and by means of a sponge to clean the Cavity completely, when this was done, the Tourniquet was loosened







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to find the part where the Artery entered, and  
which being done a probe was passed into it,  
the Yarnigust was then tightened, the Vessel  
was secured by Ligature, the same was done  
by the lower portion of the Artery, and in this  
the whole of the Operation consisted.

But from the bad success which attend-  
ed this operation many were induced in  
all cases of this Aneurism sooner to amputate  
than to perform it.

Mr. Hunter improved upon this Method  
as he considered the Artery diseased, near  
the Aneurism, he cut down upon the Artery  
in the middle of the Thigh, there he put his Liga-  
ture round the Vessel then dividing the integu-  
ments, left the Ligatures to stand off, but  
which was attended with some degree of danger  
from the Ligatures not coming off so soon as  
they should have done.

Mr. Abernethy proposed passing 2 Ligatures  
round the Vessel and then dividing it between  
them, this operated often in conjunction with



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great measure, tho' there was danger of immediate haemorrhage, from the violent action of the Vessels forcing off the Ligature, which has in many instances occurred, and from which haemorrhage there is great and immediate Danger. — When this accident happens you may by passing under the artery at the groin completely stop the haemorrhage till you have again applied the Ligature. —

This danger of the Ligature being forced off is in a great measure avoided by passing the Ligature thro' the artery in a particular manner after it has been bled round. —

The best part to tie the artery in this operation is about  $\frac{1}{3}$  the way down the thigh, the incision should be about 4 lines long. — There is one circumstance to be attended to in looking for the artery, which is, if you look for it on the outside of the sartorius muscle, you will not be able to find it, but you must pull this muscle outwards, and

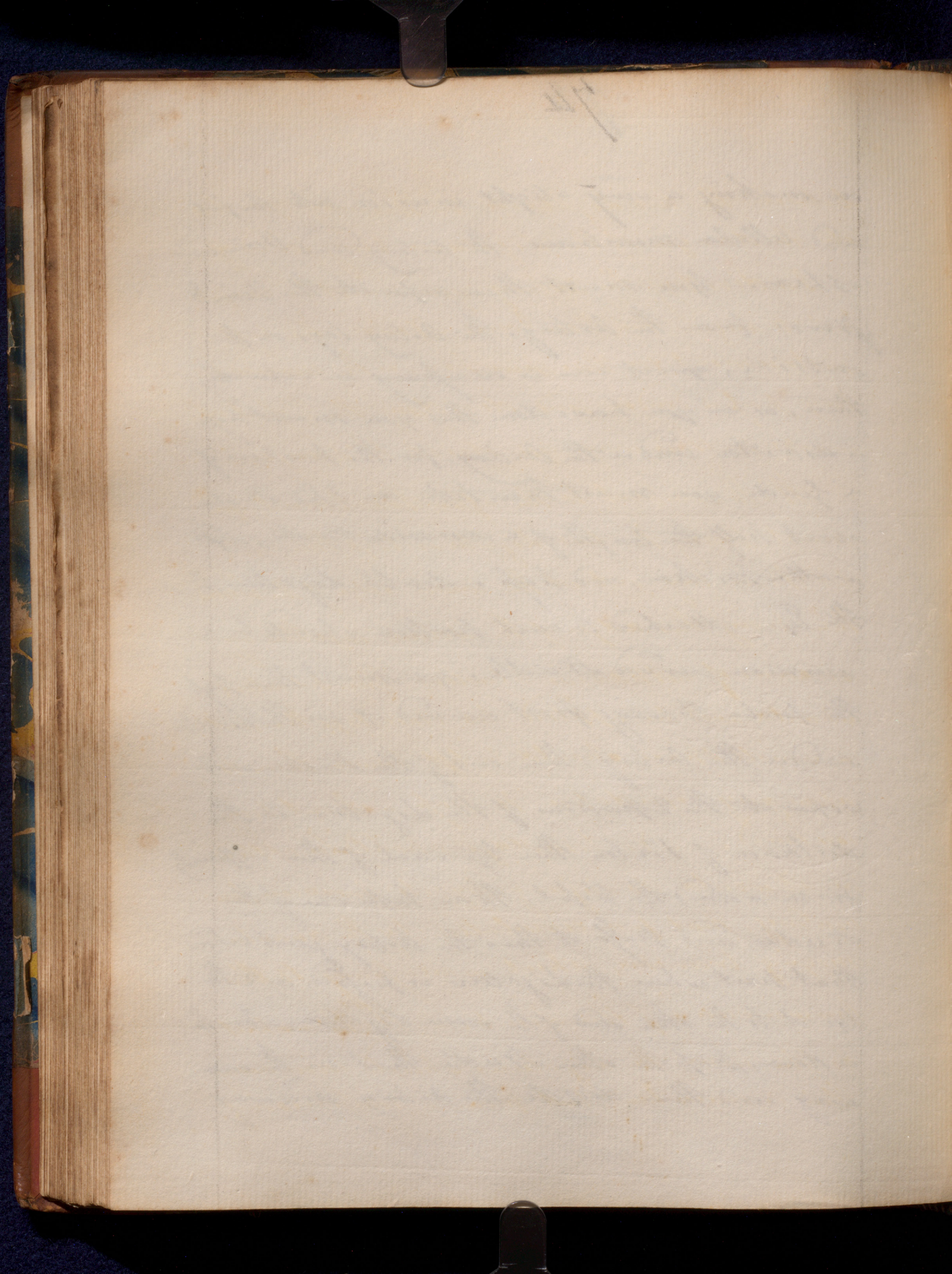


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in making a very slight incision into the fat  
 and cellular membrane, the artery and Vein, will  
 appear. You must then separate the Vein &  
 Nerve from the Artery, the Artery lays on the  
 outside, great care is necessary in separating  
 them, when you have done this you must pass  
 a director under the Artery, for the purpose of  
 a guide, you must then take an Eyed Probe  
 about half the length of a common Probe, and  
 rather thicker, and pass a double Ligature thro'  
 the Eye, attached to each portion should be a  
 common curved Needle, you must then pass  
 the probe having first curved it in the direction  
 under the Artery, then cut off the Probe, and  
 separate the 2 portions of the Ligature to the  
 distance of  $1\frac{1}{2}$  in. Then tie each of them sufficiently  
 firm round the Vessel, then take one of the  
 Needles, and pass it thro' the Artery just behind  
 that part where the Ligature is pressed, and then  
 tie it to the other end of the same Ligature, when this  
 is done, pass the other Needle thro' in the same  
 way and then divide the Artery midway





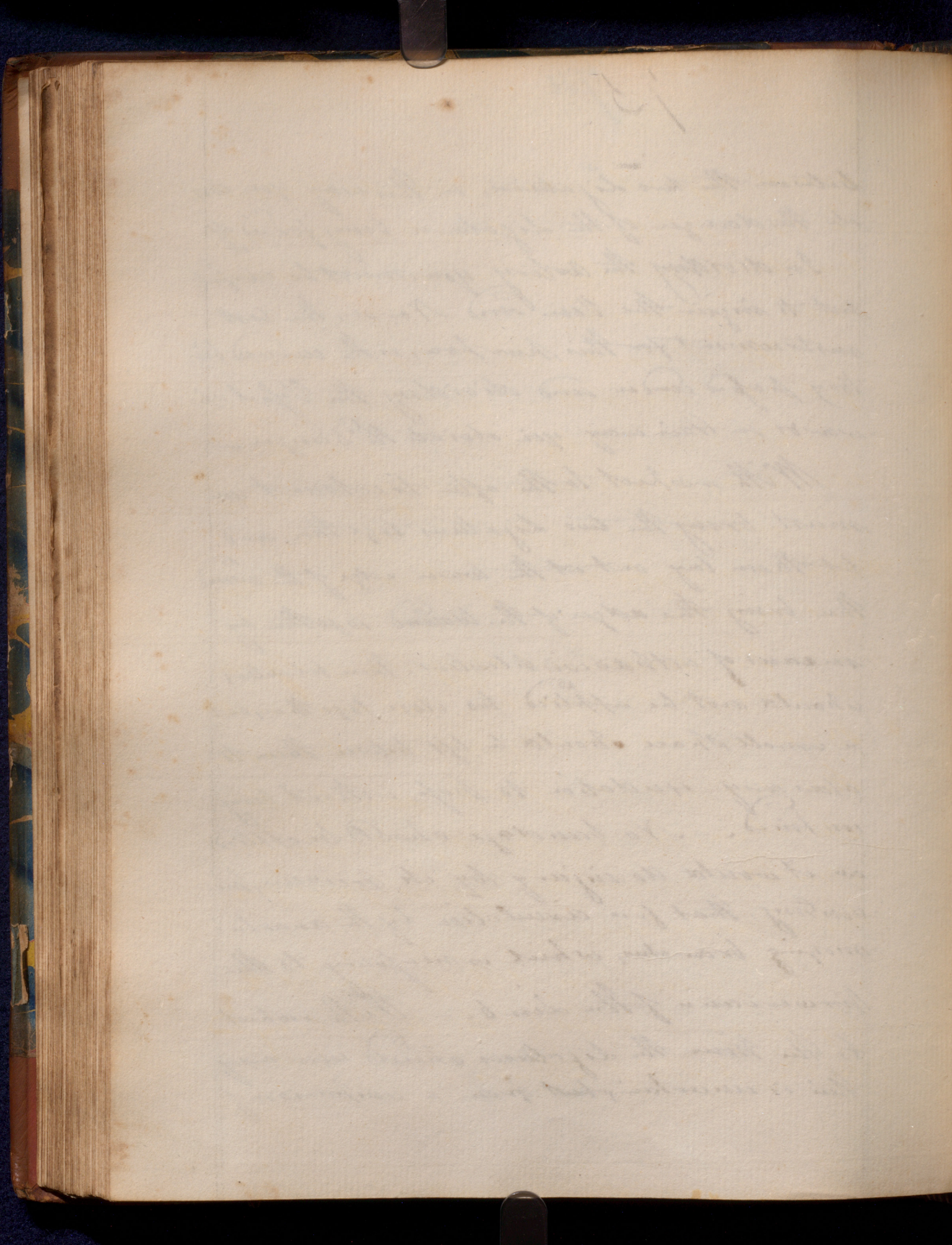


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between the two ligatures, in this way you obviate the danger of the ligatures being forced off.

In dividing the artery you must be careful not to injure the vein and nerve, the best instrument for this purpose, is the curved bistoury passed under and dividing the vessel upwards in this way you obviate the danger.

With respect to the after treatment, you must bring the two ligatures together, and let them lay out at the lower edge of the wound, then bring the edges of the wound together by means of adhesive plasters, these plasters should not be applied too close together, but a small space should be left between them to allow any exudation to pass, without being confined. - No bandage should be applied as it would do injury by its pressure, preventing, that free circulation by the anastomosing branches, which is necessary to the preservation of the limb. - With respect to the time the ligatures should come away this is uncertain, but from a comparison







usual different cases it should be about the 14<sup>th</sup> or 16<sup>th</sup> Day, if allowed to remain too long they frequently are the source of considerable inflammation. -

The Patient should not be allowed to get out of Bed or to use the Limb, till the wound is completely healed as from the incision being made into the Satisia Muscle you run the risk of having a troublesome sinous ulcer, by means of that Muscle being put in action. -

The Ancurial Bag is generally soon absorbed after the Operation, tho' sometimes the Blood becomes putrid, and an Abscess is formed. This does not all effect the success of the operation, the treatment of this should be simple, no operation being necessary from this circumstance. -

An Ancurion at the fore part of the Leg, may be cured by the Artery being tied in the middle of the Thigh. -







In femoral Aneurism it is better to tie the Artery just when it passes out under Poupart's Ligament, than to do it near the part where the profunda goes off. - The Profunda goes off about 172 In. below Poupart's Ligament. -

In all cases when it is necessary to tie an Artery, it is much better to tie them above than immediately below the part where a Branch goes off, as in the last case no coagulum can be formed, the adhesion inflammation can't take place and, when the Ligature comes off a fatal hemorrhage will frequently succeed. -

In tying the Brachial Artery great care should be taken not to include the Nerve as in this case the feeling and motion of the Arm would be lost, and possibly Death might ensue from so large a Nerve being tied. -

Tying this Artery is a cure for both Radial and Ulnar Aneurism. -



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## On the Slave Lip.

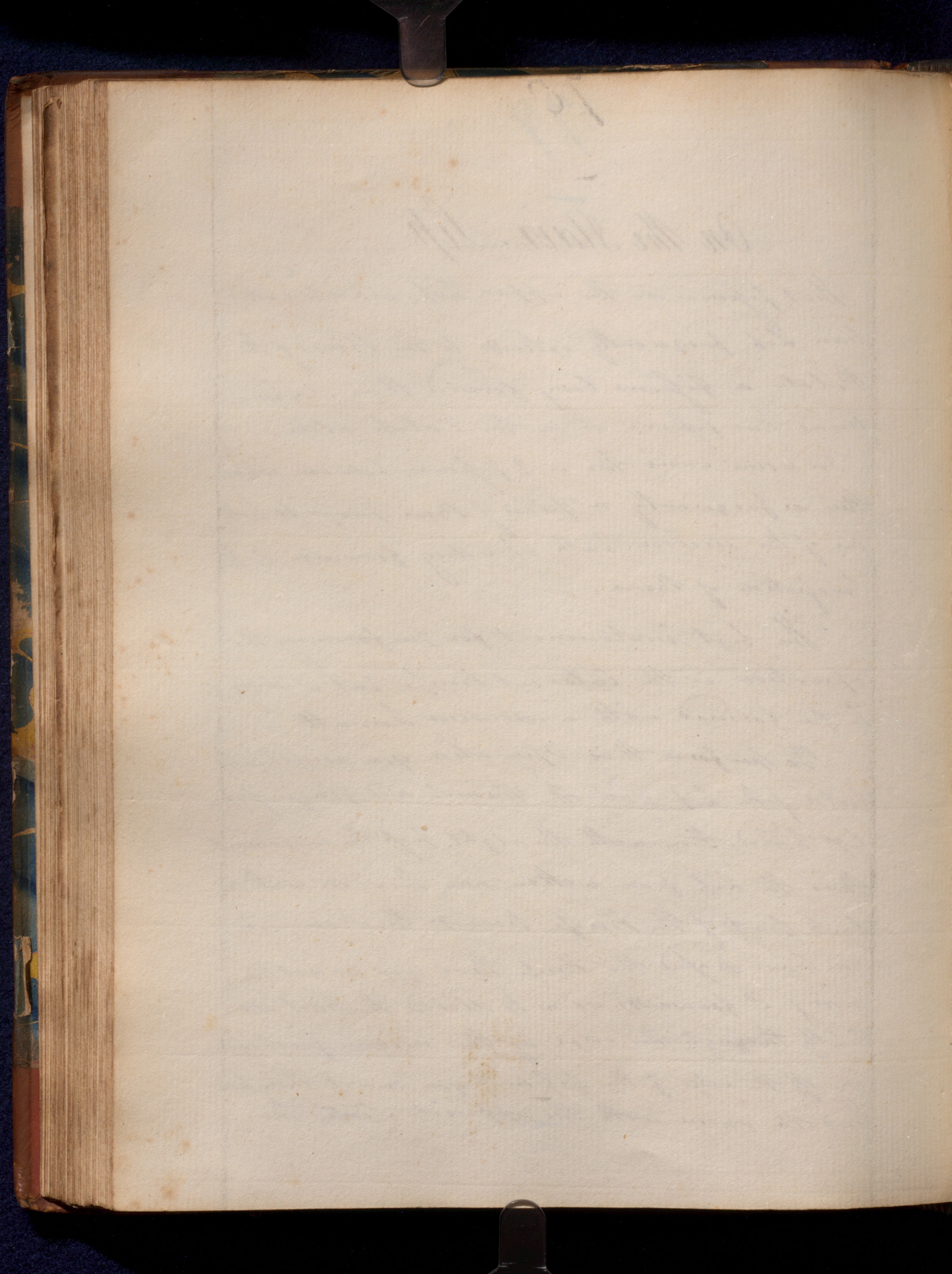
That fissure in the upper Lip, which is called  
Slave Lip, frequently extends to the Bones of the  
Palate a fissure being formed there. - Some-  
times this fissure is in the Palate alone. -

In some cases there is 2 fissures, between which  
there is frequently a piece of Bone projects, with  
one of the incisor Teeth, standing forwards in the  
projection of Bone. -

The best instrument for performing this  
operation is the Cataract Knife, but it may  
be performed with a common Lancet. -

To perform this Operation you must take  
hold of the Lip with the Thumb and finger of your  
left hand, then with the right, pass the instrument  
thru the Lip from within, near the Nose with the  
back part of the Knife towards the Nose, when  
you have passed the Knife thro' you must then  
bring it forwards so as to divide the part com-  
pletely through the case, by this means just taking  
off the edge of the fissure, you must then pro-  
ceed the same with the opposite side, then





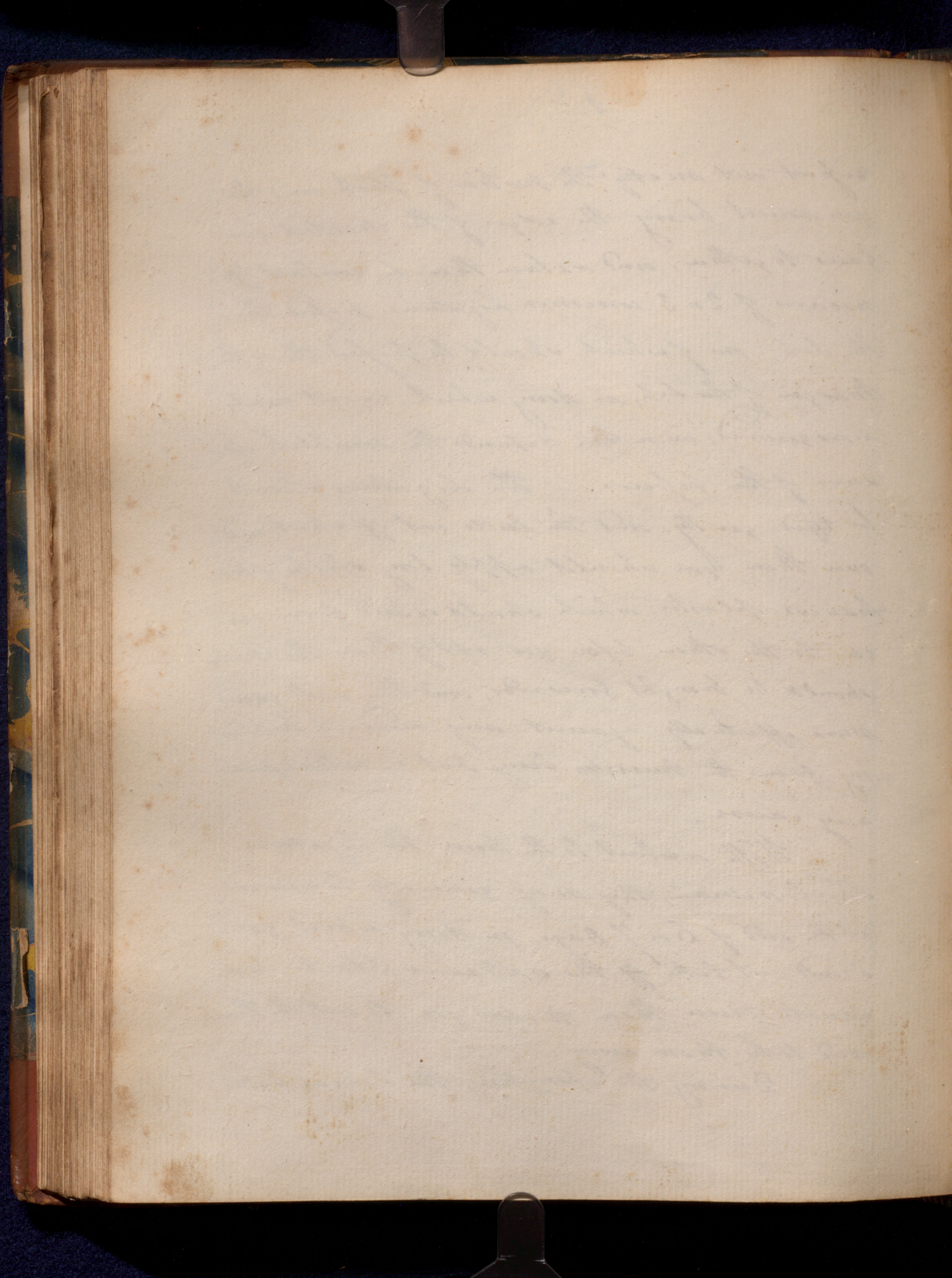


dissect out neatly the portion of flesh, and then you must bring the edges of the divided Lappet to gether, and retain them in contact by means of 2 or 3 common Ligatures passed thro' the Lip, one of which should be passed thro' the Margin of the Lip, in doing which great nicety is required, as on this depends the complete closure of the fissure. - The Ligatures should be tied gently, and the ends cut off short, and over them you should apply long strips of adhesive plaster, which should extend from one ear to the other, before you apply them the Cheek should be brought forwards, and this will guard more effectually against any accident happening from the Muscles being put in action from any cause. -

With respect to the time the Ligatures should remain, they may generally be removed at the end of 6 or 7 Days, in doing which you should not take off the adhesive plaster, but elevate them them to allow you to cut the Threads, and take them away. -

During the Operation, the Labial Artery







with sometimes bleed very freely, it was the practice formerly to pass a Ligature round it but it is a much better way to pass one of the Ligatures of the Lih thro' the Orifice, and this will completely stop the Bleeding. -

The operation should not be performed before the Age of 2 Years, as if done sooner it seldom succeeds so completely and is often attended with very unpleasant and sometimes dangerous symptoms, except it is particularly indicated from certain symptoms, such as the Child not being able to suck. -

In cases when there is a double fissure with a projecting piece of Bone, you must proceed the same with each side as above, and let one side be cured at least two Months before you perform the operation on the other side. -

It has been recommended to remove the Piece of Bone by means an instrument, but this should not be done, as the Inflammation made upon the Part when the Lih is cured, will generally thin to be absorbed. - To remedy the Stippling in the Palate, a Silver Plate of a particular form is applied, by means of a piece of Sponge in the inside retained in the Situation. -



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## On Hydrocele.

Hydrocele is a collection of Water in the Tunica Vaginalis Testis. — The Symptoms which take place in the beginning of this Disease, is a degree of swelling taking place at the lower part of the Scrotum, surrounding the Testicle, and which swelling keeps gradually extending upwards, the shape of the Tumor is generally Pyriform, in this Disease there is always a distinct fluctuation, this more particularly in the early stage of the Disease, becoming less in the more advanced stage from the degree of Distention, rendering the water more tense, the tumor in Hydrocele is always transparent, but some people have denied this, but this arose from their not placing the part in the right position for Examination, to do this, the fluid should be pushed to the anterior part of the Scrotum, a candle should then be held on the opposite side, and you will then perceive it to be transparent. — With respect to the size to which a Hydrocele may arise this is various, the largest, we heard of, was in a Negro, the celebrated Historian, this contained 6 Quarts of Water.



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which was drawn of by Mr Cline, but in a general way, a Hydrocele which contains about a pint is called a large one. - In some cases the Hydrocele loses the Peariform Shape, forming two distinct Tumors, one above and the other below the Abdominal Ring, this may be mistaken for an <sup>Spermia</sup> ~~Hydrocele~~, if a little attention is not paid, but it may be easily distinguished, by its being transparent. -

Another variety which sometimes occurs, is the Testicle being placed on the Anterior part of the Testis whereas it is generally placed posteriorly. It is very necessary to examine into the Situation of the Testicle if you draw off the water by an instrument, if it is placed anteriorly, the instrument may be pushed thro' the Testicle which once happened to Mr Hunter.

Sometimes a Hydrocele is formed of separate Cysts, these adhering to the Body of the Testicle.

The Disease is generally unattended with Pain, except from the weight sometimes occasioning a pain the Loins. -

You may distinguish a Disease of the Body of the Testicle from a collection of Water in the Tunica



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*Amia Vaginalis*, by the Testicle always retaining the natural shape tho' enlarged, and by the Testicle becoming always troublesome from its weight if much enlarged, which is seldom the case of *Hydrocele*, and by there being no transparenecy or fluctuation. —

You may distinguish *Hydrocele* from *Amia*, by making enquiry in what way the Disease commenced, whether it began at the Bottom and ascended, or whether began from above and descended to the lower part, and by observing if it mends during the night, if it does it is a *Amia*, as a *Hydrocele*, never disappears in this way. —

An *Hydrocele* arises from an increased secretion of the fluid which is constantly taking place in the Cavity, and from a diminution of absorption, as has by some been stated, it sometimes arises from accident, as a Blow received upon the part. —

The Cure of *Hydrocele* is either palliative or radical. The Palliative consists in evacuating the Water by means of an opening made either with



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a Lancet or a small Trocar, this last instrument is much the best, as if you make use of a Lancet, the Water will insinuate itself between the cellular membrane of the Scrotum, and will often cause the discharge to stop before the whole of the Water is evacuated.

The Way to perform this operation, is to grasp the Testis, and force the Water to the fore part of the Scrotum, then take the Trocar, and pass it obliquely upwards into the Testis, about two thirds of the length downwards. The Trocar made with a flat or lancet point is the best, as it passes in with so much more ease, if one with the point of a different form is used, it will be necessary to make an incision thro' the integuments & Skin with a Lancet, and then introduce the Trocar, in this the palliative cure consists, and if nothing is done to perform a radical cure, the Water will often return again collect, and require again drawing off, he lets about 2 or 3 times in the course of a



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Uter. - The Palliative in some instances, becomes a Radical Cure, by a degree of inflammation being induced, and which in most instances should be first tried as if it fails the other mode, then can be put in practice. - A Palliative cure is sometimes effected by accident, as from a blow on the part, bursting the Tunica Vaginalis Testis, allowing the Water to escape into the cells of the Scrotum, but this is absorbed and without a radical cure being effected.

The first way of attempting to produce a Radical Cure was by means of the Tent, the method of performing which, was to make an incision into the lower and anterior part of the Scrotum, and inserting the water to pass a piece of Spong Tent thro' this opening, this swelling was allowed to remain in the opening for a certain length of time, till it produced a degree of inflammation, and which was the means of a subsequent adhesion, but this being found to fail frequently, another mode was invented,



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This was by passing the Canula of the Trocan,  
 and introducing a piece of Bougie, thro' to pre-  
 vent the sharp edges of the Canula from irri-  
 tating too much, this was left in for a certain length  
 of time, till a sufficient degree of inflammation  
 was excited, but this like the other was found fre-  
 quently to fail, by producing only a partial  
 adhesion. — Mr. Pott recommended the  
 passage of a Seton thro' the Utricula Vaginalis,  
 and by letting it remain for a certain length  
 of time to produce the proper degree of adhesion,  
 but this is subject to many inconveniences, and  
 very frequently fails, tho' it may under  
 certain circumstances be advisable, as in case  
 of a Kind of the Tumor is small, the operation  
 either for a cure by other means would be attend-  
 ed with considerable difficulty, whereas a Needle  
 and thread may be passed with a great deal  
 of ease. — Mr. Elie recommended the use of the  
 caustic, his mode of using it, was to apply over-  
 and thick layers of adhesive plaster, to the thick-



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- mass of an Inch, with a hole cut in them the size of  
 a sixpence, and he then filled this hole with a caustic  
 paste, and allowed it to make its way thro' the  
 coats of the Scrotum, and then leaving the parts to  
 separate, the principle upon which this acts is by  
 causing a degree of inflammation. - But a  
 much better way of applying the caustic was after-  
 wards used, this was by rubbing the part with a  
 Piece of *Lapis Infernalis*, till the Scrotum &c. was  
 completely burnt thro', which would perhaps require  
 10 or 15 Minutes. - But this likewise failed and  
 did so sometimes from the Surgeon being induced  
 to let out the water by an opening thro' the Escha  
 instead of letting it gradually make its way  
 out, for unless the water remains after the appli-  
 cation of the Caustic at least 10 Days, the opera-  
 tion wont succeed, by reason of an uniform degree  
 of inflammation not being induced. - A very  
 great objection to the use of the caustic, is that  
 there is some Danger arising from its application.



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The mode of cure by excision as recommended by some Surgeons, was performed by making a longitudinal incision, entirely from the top to the Bottom of the Scrotum, down to the Tunica Vaginalis Testis, and then making an incision thro' the Tunica Vaginalis, on each side, so as to remove all the anterior part of the Tunica, by this means an adhesion of the Scrotum to the Testicle takes place, but this method of cure is seldom entirely successful, the adhesion taking place partially, and from its also frequently giving rise to very violent Symptoms, is an operation I should by no means advise. - Y

Another mode of cure is by incision, this consisted in making an incision thro' the Tunica Vaginalis testis, thro' its anterior part and then giving vent to the Water, the sides of the Tunica Vaginalis when allowed to collapse, and an adhesion in some instances took place, but from its frequently failing, it is now very seldom performed this way, but when the incision was made, a piece of lint was introduced into the opening







to keep the parts from adhering till granulations  
 had begun to spring up, on the whole of the  
 internal surface, and in this way a complete  
 cure takes place, but this mode is attended  
 with inconvenience, as it frequently produced  
 so violent a degree of irritability as to cause  
 some degree of danger. — Mr. Hunter improv-  
 ed upon this by sprinkling a small quantity  
 of Linseed Meal within the *Utricula Vaginalis*,  
 instead of the Lint, and which was quite suf-  
 ficient to prevent adhesion taking place  
 in the first stage, and was removed by the first  
 discharge produced. — A little fine flour is  
 now substituted instead of the Linseed Meal  
 and which is found to answer better. — It is  
 better to make the opening into the *Utricula Va-*  
*ginalis* Testis small, & cone than large, as and  
 to be done. —

The other mode of procuring a Radical  
 cure is by means of injection, and which was  
 first brought into general use by Sir J. Bland.  
 This is done by passing a Trocar, as before men-



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tioned, for the reason of drawing of the Water, taking  
 care at the time of introduction that it goes com-  
 pletely into the Ureter, or the injection will be  
 thrown into the Cavity of the Peritonum, and then  
 will cause very great inflammation. - When  
 you pass in the Trocar, you must withdraw  
 the Trocar leaving the Canula, and then throw  
 up the injection, and you should let the injection  
 remain about 5 Minutes, but the time must be  
 regulated by the degree of pain indeed, as if  
 considerable 3 minutes may be long enough, and  
 if the pain is very little, it may either remain  
 longer or the injection may be repeated. -

The injections are two different sorts  
 the Wine and the Vitriol injection. - The Wine  
 and which is the best, is made in the propo-  
 tion of 2 parts Wine, and 1 part Water, the Wine  
 made up of is Red Wine. - The Vitriol injection is  
 made in the proportion of Vitriol  $\text{℥} \frac{1}{2}$  Aqua  
 Pur &  $\text{℥} \frac{1}{2}$ . - The Wine injection is more certain  
 in its effects and gives less pain, than the  
 other, and is what I prefer. - The only reason



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why the Vitriol injection should be preferred, is that its strength is more uniform. —

When the operation is likely to succeed there will be a considerable degree of Tumefaction take place, attended with pain, if this takes place only in a slight degree, the patient should be ordered to walk about to increase this, this degree of swelling should continue about a Week, and then gradually disappear, and this entirely so in about 3 Weeks. —

One advantage attending the operation by incision, is, that you will be able to see if the Prody of the Testicle is diseased, or whether there are hydatids, and another great advantage is, its being a certain cure, if performed by the introduction of Floue. — But one great objection to its use, is, in its being sometimes dangerous, by its producing so high a Degree of irritability. — The only objection to the mode by injection, is its sometimes failing, but this only renders it necessary to repeat the operation. In some cases the mode by injection will



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cause so great a degree of inflammation, as to bring on Suppuration, but then is relieved by making an opening to evacuate the matter.

There is one thing of very great consequence to be observed in this way of operating which is to take notice whether there is a communication between the Sac and the cavity of the Abdomen, for if any of the injection escapes into this cavity it will bring on inflammation and Death. —

## On Diseases of the Testicles.

There are three diseases of the Testicle which render the operation of castration necessary, one of which is a Hydatid state of the Testicle, this disease generally begins in the Epididymis, and then extends to the Body of the Testicle, the Epididymis & Body of the Testicle becomes very much enlarged, the feel of this Disease is very much like that of Hydrocele, it is not attended with pain, only what arises



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its weight. — This Disease may be distinguished from Hydrocele, by the Testicle and Epididymis always retaining its natural shape, the weight of the Tumor is greater in proportion to its size, and it is not transparent, which is always the case in Hydrocele, but yet ~~from~~ the Symptoms are thus different, it has been mistaken for Hydrocele. — This disease never extends along the spermatic chord, nor is it of a cancerous nature, nor is there any particular danger attending it, nor of much consequence only from its weight. —

The second Disease that renders castration necessary, is the true Schirrous state of the Testicle, and which will end in Cancer if not prevented, by a timely operation. — This disease begins in the Body of the Testicle, and does not affect the Epididymis, till the disease has continued for some time, — The true Schirrous may be always distinguished by the feel, it is exactly like feeling a Stone. — This disease is

no doubt it is a stone — but perhaps a Pebble stone is here meant by Sir A.



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always attended with pain, but which is not constant, but recurring at intervals, attended with darting shooting Pains. - The Progress of this Disease is always slow, being a long time before it terminates fatally, from the commencement may be as much as 2 years, and in some cases has been longer. - This disease in its progress affects the glands of the Groin and Loins, causing an enlargement of the glands, - In some Scirrhus the Testicle seldom becomes very large, as from the slowness of its progress it generally terminates fatally before it has acquired much size.

The third Disease requiring this Operation is the soft Cancer of the Testicle, the feel of which is very much like the Hydatid Testicle, having a Pulpy feel, only in this Disease there is a Discoloration of the Skin, and without marks of inflammation going on internally. - This disease is very rapid in its progress, the testicle enlarging rapidly, and extending to the Spermatic Cord



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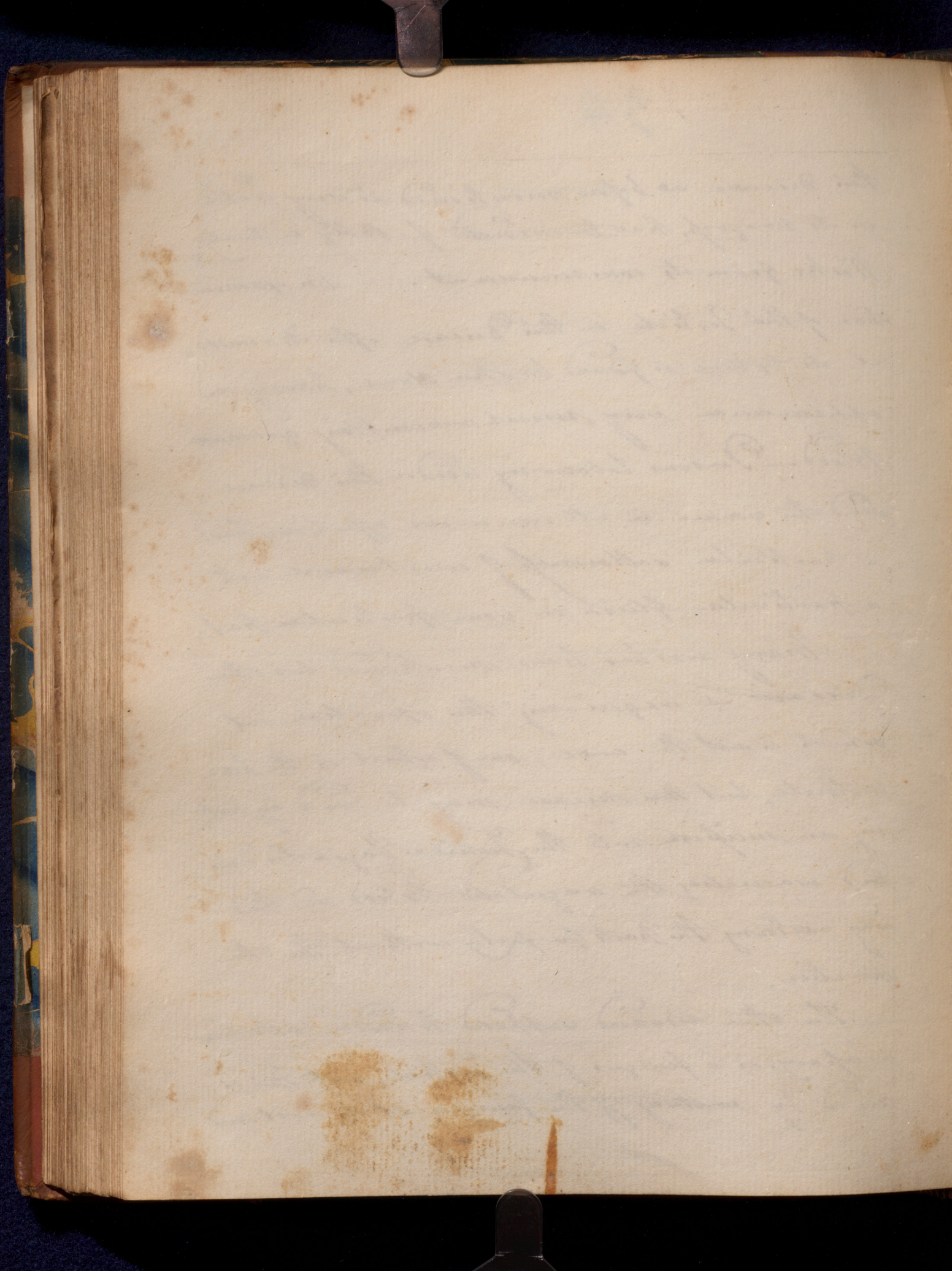


This disease as before mentioned is very rapid in its progress, has terminated fatally in twenty Weeks from its commencement. — On examination of the Testicle in this Disease after its removal its texture is found broken down, having an appearance very much resembling grumous Blood. — Persons labouring under this Disease and the same in all cancerous affections have a particular sallowness of countenance, with a particular flush in some particular part.

Many writers have mentioned two other Diseases as requiring this operation, but which is not the case, one of which is the haemorrhoid, but this disease may be cured by making an incision into the *Funiculus Vaginalis Testis* and evacuating the variegated Blood, and this way restoring the parts perfectly without the other operation. —

The other disease supposed to render castration necessary, is a fungus of the Testicle, but this is cured by cutting off the fungus at its root and







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Then apply some Lunar caustic, this will perform  
a Cure. — This disease has been mistaken for  
Cancer. —

The mode of performing the operation of  
castration consists, in making an incision  
from the upper part of the Spermatic Chord,  
when it is about to pass the Abdominal Ring,  
carrying it down to the Bottom of the Scrotum,  
in making this incision, the Pudendal Artery  
is divided, and which from its bleeding rather  
freely might possibly cause some alarm, but it  
is not of much consequence and the haemorrhage  
may be readily stopped, the first in-  
cision should be carried into the Perineal Bag  
-alis Testis to show if the Testicle being examined,  
as Testicles have been removed and on examination  
afterwards have been found not diseased. —

If the Testicle is found diseased, the Spermatic  
chord should then be laid bare as high as the  
Abdominal Ring, then take up the Spermatic  
Chord between the Thumb & Finger, feel for the Clap



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Deferens, which will feel like a hard chord at the posterior part, you must then pass a Ligature round the Chord including the Artery & Vein, leaving out the Vas Deferens, for it is including this which renders the operation so extremely painful, after you have secured the Ligature, you must then divide the Spermatic Chord, with the Vas Deferens, then take hold of the Chord and make extension the testicle will very easily separate.

If there are any small Blood vessels divided you must then ~~divide~~ secure them, afterwards bring the integuments in contact with a couple of stitches, dressing it up. - In the course of about 3 days it will be better to remove the Ligatures, for if allowed to Ulcerate out, it may occasion some trouble. -

## Diseases of the Breast.

There are three distinct Diseases which the Breast is liable to, which render an Operation for their removal necessary. - One of these is the formation of Hydatids in the substance of the breast, some of these are seated near the sur-







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-face and if exarins are found to be emithans-  
-parent, if one of them is opened, a quantity of glan-  
-dulous fluid is evacuated, and this will in the course  
of a little time heal, but with removing the disease  
of the breast. — The occurrence of this disease is  
very rare, and does not produce any effect on  
the glandular system, nor is it attended with danger  
and requires removing only from its size. —

Another disease requiring this operation is  
the true Schirrous, or Cancer, the first symptom  
of which is frequently a small bleeding taking place  
from the Nipple, sometimes it is first perceived  
by extending the Pectoral Muscle, it gives pain. —

The true Schirrous, has a particular hard or stony  
feel, resembling very much as tho' there was a Walnut  
under the skin, the tumor is always in true Schir-  
rous perfectly circumscribed, and attended with  
pain, but which recurs at intervals. —

In the beginning of this Disease the tumor  
is perfectly moveable, and may with a great degree  
of safety be removed, and with a great chance of  
Success, but after the Disease has existed some time



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Porter



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it becomes attached to the <sup>Pectoral</sup> ~~Superficial~~ Muscle, and then the removal is seldom successful, as by this time the glands of the adjacent parts are probably diseased. — In its progress there is frequently a dimble of the Skin, by the part over the tumor adhering to it, when this is the case the operation has seldom been successful, as the parts near are generally found diseased. —

The disease extends in two different ways one to the glands in the Axilla, the other passing thro' the Ribs by absorbents near the Cartilages, to glands behind that part, when this is the case you will frequently be able to feel an enlarged gland by pressing your finger behind the Glavicle. —

This disease is most apt to extend in this last direction when the Schiroma is situated on that part of the Breast nearest the Sternum. —

In the latter stages of the Disease, the Arm becomes adematous from the Tumors pressing upon the Vein, which returns the Blood from the Arm.

If the Disease proceeds to Ulceration, the Surface



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of the Ulcer with frequently bleed. - With respect to the time the Disease may exist before it terminates fatally, it is various, it may be several Years, or very soon, but in general will be found to be from 2 to 3 Years. -

The third disease which requires removal is the soft Cancer, or that species of fungus similar to what was spoken of when treating of Disease of the Testicles. -

There is another Disease, which has been supposed to be cancerous, and breast unexpectably removed, this is a particular hard tumor which sometimes takes place in the Breasts of young Women unmarried, this Tumor is attended with pain, which recurs at intervals. -

This disease arises in Women of an irritable habit, with strong passions, and which seem to occasion a particular action in the Breasts. -

This Disease may be distinguished from true Schirrous, by its not being at all circumscribed. - It appears to be a general enlargement







of the substance of the Breast. —

The application of Leeches to the Breast and afterwards, a soap Plaster, and at the same time giving small doses of *Mercurius* in doses of five or ten grains twice a day in *Serena* and will frequently perform a cure. — This disease appears to be an enlargement of the substance of the Breast, not within. —

With respect to the Operation of removing the diseased part, it is seldom an Operation of any consequence if performed early, and not attended with danger, as there are no Vessels of any size, which are divided in the Operation, and it is very seldom necessary to apply a Ligature upon any, therefore being generally sufficient. — It is best to begin your incision on the upper part, directing downwards as in this way you are less incumbered with Blood. —

If it becomes necessary to remove any of the glands in the axilla, it then becomes an Operation of some consequence, on account of the



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danger of wounding some of the large Blood vessels, it is the best way to draw out the glands by means of a hair or forceps or a hook and then dissect them away. — It is necessary to remove the Absorbent Vessels, when the glands are diseased, or the Operation will not be successful. —

It appears to be a cancerous Diathesis in some People and if a Tumor is removed in one part they will have another form in some distant part of the Body. —

## Parentesis.

The operation of tapping is performed for the relief or cure of two species of Dropsy, the Ascites and the inscribed Dropsy. — Ascites is owing the fluid which is naturally poured out by the Vessels of the Peritoneum being very much increased in quantity, and which is frequently owing to a diseased state of the Liver or Spleen, the Vessels of which being in a great measure impervious, would allow the usual quantity of blood to pass, and of course throwing more, on the Vessels of this part. — It may arise too from a quantity



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of small Tumors which are found in the Peritoneum.

When the disease is combined with anasarca the operation is very seldom successful. —

The ascited Dropsy is a collection of Water in the Ovaria, this disease always begins on one side by which circumstance you may distinguish it from Ascites, it is very seldom attended with pain, only from its size pressing of the Diaphragm, occasions a Difficulty of breathing &c. in some cases the Water is contained in separate Cysts. —

It is the best way to let the Tumor become large before you perform the Operation, as you are more certain of being successful in drawing off the Water. —

The fluid drawn off varies very much in appearance, sometimes being like Serum, sometimes of a gelatinous consistence and sometimes very much resembling Muff, and in some few instances a collection of small Hydatids. —

Before you attempt to perform the Operation always be certain there is fluctuation, and if it is a Woman, you should examine per Vagina to ascer-



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-tain the state of the Os Uteri. -

To perform the operation the patient should be seated in a Chair, with a sheet <sup>drawn</sup> <sup>round</sup> <sup>her</sup> <sup>hips</sup>, for an assistant to make pressure upon the Abdomen with, and to support the parts in the patient will faint by the distention being taken off. - The place when the operation was formerly performed, was half way between the Spine of the Illium and the Umbilicus, but this part is now nearly abandoned as there is considerable danger of wounding the Hepatic Artery. - The part when the operation is now performed in the Linea Alba, a little below or above the Umbilicus according to circumstances, or a part which is possibly better in the Umbilicus, as no vessel can possibly be wounded in that part. - The integuments should be first divided by a Lancet, and the Trocar passed, as the water is gradually evacuated you must make pressure upon the Abdomen. -

When the Water is drawn off you must apply a little adhesive plaster over the part, and pass a flannel Roller, round the Body moistened in Spirits or Brandy, this pressure may be a means of preventing a return of the complaint. -



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## The Operation for the Stone.

Stones are found in the Urinary parts in four different situations. - The first of these is in the Kidneys, in this case its situation may be discovered, by a pain in the Loins, which is confined to one side, by sickness and vomiting coming on without any evident cause, ~~produced~~ by a dull pain in the Loins, and degree of pain being produced on the part being rubbed, bloody Urine taking place after any extraordinary exertion, without being preceded by pain in the Bladder or Urethra. - The Stone in this case often takes on the form of the Pelvis and infundibulum of the Kidney. - In some instances but this very rare there is suppuration taken place, and the Calculi are discharged externally. -

Sometimes the very seldom Calculi are situated in the Ureter, this may be known, by a pain which extends down the thigh on the affected side



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and by a spasmodic contraction of the Cremaster muscle, drawing the Testicle upon the affected side, after a time the pain will be seated in the extremity of the Urethra, near the Glans Penis, when this is the case the Stone has descended into the Bladder.

The third situation in which Stones are found is in the Bladder, this is known by a sharp lacerating pain at the extremity of the Urethra, at the Glans Penis, and on his attempting to make Water it will suddenly stop, without any evident cause, and by his always feeling the pain at the extremity of the Urethra, upon every variation of posture, he frequently has an involuntary discharge of Water at times, and has from the irritation, very frequent inclination to make Water.

If the Stone has rendered the Bladder very irritable, then will frequently <sup>be</sup> a considerable quantity of <sup>watery</sup> Water discharged with the Urine, and when it is in this state the patient will have frequent rigors and be subject to spasmodic affections of different parts. — In general the Urine is not in the least



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changed in its appearance, from that of the Person  
when healthy, tho' in some instances it is. —

The fourth situation is in the Urethra, but which  
will be more fully treated of hereafter. — It is the  
two last situations a knowledge of which is of the  
most importance, as they doubt allow of being re-  
lieved by an operation. —

The pain from Stone in the Bladder does  
not depend so much on the Shape and surface  
of the Stone, as upon the irritability of the Bladder  
tho' the surface must certainly have some effect.

When a stone becomes very large it does not pro-  
duce the usual symptoms in so great a degree.

The formation of Calculi is by distinct Strata,  
or lamina, upon a Nucleus, which Nucleus is  
composed of different Substances, very frequently a  
portion of coagulated Blood, or a small portion of  
Gravel, or a Pin, Needle &c. — The different Strata  
frequently vary in colour. — Sometimes a Stone  
is situated partly in the Bladder, and partly in







Arthra, in this case the Stone takes on the form of the Part. -

Some parts appear to be affected by the Use of Medicines, and in other cases they produce no effect, in an instance of gentleman under Symptom of the Stone Ag. Soda was of very great Service, - The Ag. Kali Puris has been given in some cases with advantage, but Ag. Soda is the best remedy and does not produce such ill effect upon the Body. -

It is always a disadvantage to perform the operation for the Stone after the Ag. Kali Puris has been exhibited, as it affects the health of the Body and likewise causes a degree of softness of the Stone, and which is unfavorable to the operation, and in this case it is better to wait a little time before the operation. -

If the operation is properly performed it is attended with very little danger. -

The operation is always attended with more



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danger in fat People than in those of a spare  
habit of Body, when this is the case it is best to  
push on the patient by means of proper purges  
as Colman &c. —

The instruments necessary for performing  
this operation are a Sound, a Staff, a double  
edged Scalpel, a Gorgett, Forceps, a Scoop  
and a Crochet. — It is been recommended by  
some Surgeons to wash the Bladder by means  
of a Syringe in case the Stone was broken in at-  
tempting its extraction, but this is not found to  
be of any service. —

The Staff when it is introduced, should be  
fixed by an assistant, and the extremity indica-  
ted a little to the right side, so as to throw the  
groove in the projecting part in the Perineum  
a little to the left of the Prostate, in making the  
incision you must not be determined by the  
situation of the Groove in the Staff, but by feeling  
for the Symphysis Pubis, beginning the incision



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immediately below it, carrying it in a direct  
 line to the part opposite the middle of the Urethra,  
 in making the incision your first must be  
 down to the membranous portion of the Urethra,  
 and as it is eligible to avoid wounding the bottom  
 part of the Penis, it may be pulled on one side, and  
 then carry the incision downwards till it in-  
 ters the Groove, you must not immediately  
 withdraw the Knife, but first introduce the  
 beak of the Gorgett, and be certain the beak of the  
 Gorgett is in the Groove, by moving it about  
 a little, (as it may be attended with some danger)  
 before you attempt to push it forwards into  
 the Bladder, when you have carried the Gorgett  
 into the Bladder, don't withdraw the <sup>Staff</sup> immediately,  
 but introduce your finger to examine whether  
 the <sup>Gorgett</sup> is in the Bladder, then introduce the Forceps  
 in the hollow of the Gorgett, you may then with-  
 draw it, and then you must make the forceps  
 cut the part of a Suture by gently moving the



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to different parts of the Bladder, till they strike against the Stone, you must then open them and endeavour to take hold of the Stone. - If you don't appear to have got a favorable hold of the Stone it is best to leave hold and endeavour to take hold in a more favorable position. - In case it happens with some difficulty it will be better to depress the Stone in extraction. -

When you have made the incision & you push the Gorge forwards, you must take the Sciss in your own hand depressing the Hand & so as to throw the point to the anterior Surface of the Bladder. -

After the operation the parts must be brought in contact and healed in the usual way, that is to say the must be superficially dressed, and will be better without a Bandage than with. -

There are certain circumstances which render the performance of this operation difficult



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part of which are owing the operation not being  
 properly performed, and part owing to other  
 circumstances as Disease, a largeness of the Stone  
 &c. - One accident attending the operation is  
 the Gorgett passing between the Bladder and  
 Rectum instead of penetrating into the Bladder,  
 this may be owing to the incision not being car-  
 ried completely into the Groove of the Staff, and  
 a portion of the Membrane preventing the back  
 from coming in actual contact with the Groove  
 of the Staff. - When you are performing the opera-  
 tion and half pushed the Gorgett forwards, as you  
 suppose into the Bladder if no water is displayed  
 there will be reason to suppose then in the case,  
 but to know this of a certainty you must be  
 before observed introduce the finger, and examine  
 whether you can feel the Staff in contact with  
 the finger, if you have not penetrated the Bladder  
 you will feel the Staff or Stone thro' the Bladder,  
 when this is the case you must withdraw the  
 Gorgett, and make your incision completely into



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*[Faint, illegible handwriting in cursive script, likely a historical document or letter.]*



the Groove of the Staff, then introduce the beak of the Forceps again and carry it forwards into the Bladder, and then finish the Operation as before. — Another difficulty arises from the Stone being of so large a size as not to be able to pass, or if so, with the greatest difficulty, in this case you must either dilate the Opening by means of the curved Pistor, or the Stone must be broken down by means of a pair of Strong Screw Forceps. — Sometimes the Bladder instead of being situated in the Pelvis, is elongated, and a considerable portion of it is in the Cavity of the Abdomen, this gives rise to a supposition, that the Stones tho' in the Bladder, are instead of this trapped up within the cavity of the Abdomen among the intestines. —

In all cases of performing this operation you should often extracting one Stone examine if there are no more, tho' it frequently is the case that you may judge of this by the form of the Stone extracted, but this is not always the case.

Small round stones are often extremely diffi-



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-cult to be taken hold of by the Forceps, the broad Forceps are the best for this Purpose. —

The Stone in some instances is contained in a Sacculus, then are formed by the internal coat of the Bladder being forced between the fibres of the Muscular Coat. — In some of these cases the end of the Stone is projecting a little way from this Sacculus, and you will be able to take hold of the projecting part but the extraction in these cases is extremely difficult. — In some cases the Stone is contained in a portion of the Bladder which has contracted upon it. — When you suppose that either of these circumstances are present, it will be right to endeavour to dilate this part by means of wrapping the points of the Forceps against that part, and by opening them endeavour to dilate the opening. —

With respect to the Age which is most favourable for this operation, that of about 10 years is the most favourable, it is not advisable to perform this before the age of 7 years, as almost all have died who have been operated upon before this period. —







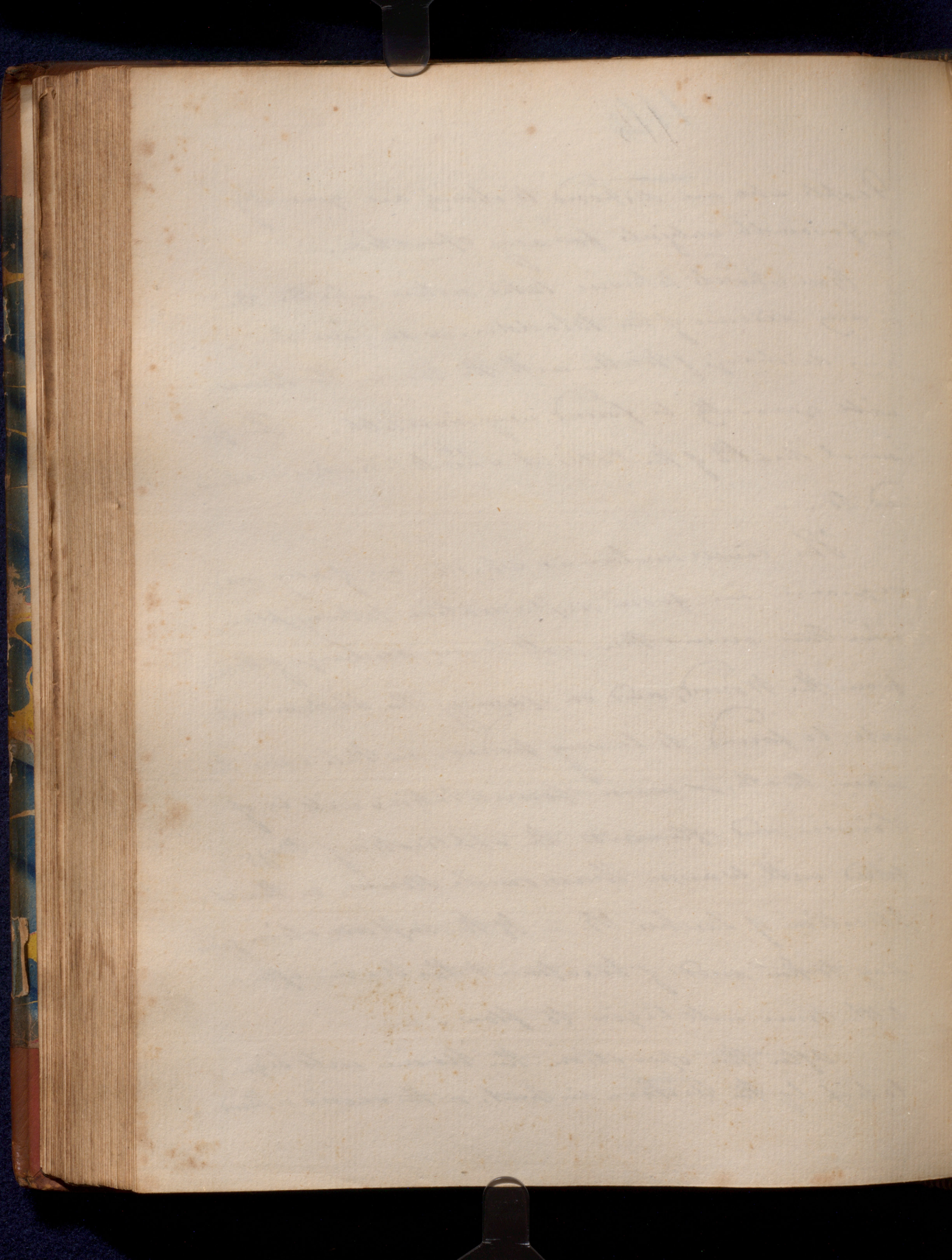
People who are disposed to obesity are generally unfavourable subjects for any operation.

You should likewise take notice whether there is any disease of the Bladder, as in case there is any discharge of Mucus with the Urine, the Bladder will generally be found very irritable. — The general health of the Patient should likewise be attended to. —

The circumstances which are of any consequence are from inflammation to the bladder, when this occurs there will be no discharge of Urine from the Wound, and on examining the Abdomen it will be found to be very tender, in this case the warm Bath, or warm fomentations will be of service and afterwards the application of Bags filled with warm Chamomile flowers, or the application of Leeches &c. — If the inflammation gives way to this mode of treatment the Urine after a little time will begin to flow. —

After the operation the Urine will begin to drop by the Urethra in part, or the second or third







Day after the operation, and in general it will heal  
entirely by the natural opening towards the end of  
the second or third week. - When the Urine begins  
to flow, at all thro' the Urethra, there is always  
a degree of Pigo-taking place. - The external  
wound will in some instances heal very soon  
but the patient should be kept in Bed at least  
2 or as long as 3 weeks after the operation.

It sometimes is the case that there is a  
loss of the power of retaining the Urine after the  
operation, but this is owing to the operation not  
being properly performed, that is the incision  
into the Urethra is made too high, and of course  
a larger portion of the membranous part of the  
Urethra divided. -

In some instances the opening remains  
fistulous during life, the Urine passing in both  
directions. -







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## *Stones in the Urethra.*

In some instances the formation of Calculi takes place in the Prostate gland, and which may drop from this part into any part of the Urethra.

Stones in some instances slip from the Bladder into the Urethra, and then become lodged in the Membranous portion, the consequence of which is a sudden suppression of Urine, when water is taken place without any evident cause. There is reason to suppose it arises from this, and a Catheter should be introduced which is much better than the Bougie, as by it you may distinguish whether there is a Stone, whereas with a Bougie, you run the risk of forcing it back into the Bladder.

When there is a Stone in the Urethra, you must ascertain the situation by means of the Catheter, and then introduce a large Bougie let it remain in the Urethra for about an hour, then withdraw it and direct the Person to







make water, the Stone will frequently be forced out, — But if the Stone has remained in the Urethra for any length of time it will have formed a calculus, and in that case an incision becomes necessary for its removal. —

Before you begin the incision it will be better to fix the Stone firm to prevent its receding as it will be apt to do if no precaution of this sort is taken. — In case the Stone should be forced back into the Bladder it will be better to defer the operation for some time as the Stone is so small that it will be difficult to find it. —

When the Stone is situated opposite the urethra, the external incision should be made sufficiently large to prevent any Urine escaping between the incision of the cellular membrane and to prevent its lodgment. —

When the Stone is lodged on the forehead of the Urethra towards its extremity, the incision is easily made by fixing the Stone, and then using the same method as a pair of small forceps made upon the same plan as Widewing Forceps may be tried, introducing each Blade singly. —



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## Fistula in Ano.

Fistula in Ano. arise from Abscess formed near the Anus, this is situated in the loose cellular Membrane which surrounds the Rectum. — When these Abscess break externally it is generally within about an Inch or an Inch & half from the Anus, tho' the Matter sometimes extends under the Muscles, and makes its way out in different parts of the Perineum or in the Perineum. — When once this disease is formed it very seldom is cured without an Operation, the reason of this is owing the newly formed parts being constantly torn thro' by the dilating and contracting of the Sphincter Ani, upon each evacuation, and what renders the operation successful, is in consequence of the Sphincter Ani being divided, preventing this contraction, and from this allowing the parts to granulate and heal. — When there is an opening into the Rectum it is at various distances from the sphincter, may be one, two, three or even six Inches from the Edge of the Anus. —

This disease is often owing to some constitution.







tional Disease, as is often connected with some intestinal obstruction, under these circumstances, they must first be attended to. — But it is very often local, arising from the Piles, from costiveness, or from injury received by much riding or Blows, received on the Part. —

With respect to the operation, you must make particular examination, to ascertain the direction it takes, if there is opening into the gutt, the operation is much more simple than when this is not the case, for under these circumstances, you pass the probe thro' the opening externally, till you feel the end upon your finger in the gutt; you then introduce the curved bistory, commonly called Pott's thro' both opening, to your finger end, then withdraw the Probe, and bring the end of the Bistory down by means of the Finger, you divide the parts. —

When there is not opening into the Rectum you must make one by passing the instrument thro' the gutt, and proceeding in the operation as before. — M<sup>r</sup>. Savigny has invented a double bistory for this purpose, one blade of which is sharpe at the Point, and which is pass'd thro' the gutt, and then



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withdrawn, and the operation concluded as before.

If then are several Sinuses, they must be all dilated, the part must be prevented from healing externally, and be dressed so as to allow Granulations to spring up from the Bottom, upon the Stimulants may sometimes be necessary, as Drasilat. Rubr &c.

If this is connected with diseased Viscera, it will be particularly necessary to keep the Bowels open by gentle Laxatives, Calomel is a very remarkable one, from its irritating the Pectum in particular. — In some cases patients won't admit of an operation being performed, and you may very possibly effect a cure, by passing a Ligation thro' the Fistula out at the Pectum by means of a curved Edge Probe, and gently tying it, not so as to make any pressure, the parts will in time be divided by means of this, and a cure effected. —

Injections of different kinds have been recommended, but are very seldom of any service, tho' a cure has in some instances been obtained by means of Aq. Phagadu, applied as a Lotion externally, and at the same time making use of Wards' Paste, the formula of which is in the Edinburgh Pharmacopoeia. —







## Hæmorrhoids.

Hæmorrhoids are either external or internal, when external are covered with a thick Cuticle, and seldom give much inconvenience in the first place but after a time frequently become exquisitely painful, producing such a degree of irritability in the System as to injure the health in a very great degree, and when in this state they may be safely & easily removed, either by a pair of Scissors or by the Knife. —

This disease arises from the Piles, and appears to be a termination of the various Veins in this disease. — Piles, if small, may be safely and easily removed by a pair of Scissors or by the Knife, but if large it is not always safe to remove them this way, but by means of a Ligature, <sup>proper</sup> this <sup>be</sup> them, this should be a double Ligature, and a portion should be included both ways, when the Ligature is tied, the part should be taken off near the Ligature, as if allowed to remain, it frequently produces a very high degree of inflammation, and



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is entirely prevented by the removal of this portion.

As palliation, fomentations and leeches applied to the part afford the greatest relief, tho' any and application is seldom of any service. —

### Suppression of Urine. —

In case of suppression of Urine, and you can't draw off the Urine by means of a Catheter, there are three different ways of performing an operation for the purpose of drawing off the Urine. —

One of which is by puncturing the Bladder thro' the Rectum, but in this mode there is danger of the Vesicula Seminales, and the Vas Deferens being wounded. another objection to this mode of operating is in case the Prostate Gland is enlarged, you can't puncture the Bladder this way without passing the Trocar thro' it, and another, is the great degree of irritation the Urine is apt to occasion, from its passing into the Rectum. —

The second way of performing this operation is by puncturing the Bladder with the Trocar above the Pubes, the mode of doing this is by making an incision just above the Pubes, and a direct for



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downwards about 12 In. long, just thro' the Skin and cellular membrane, then pass the Trocar in a direction obliquely downwards into the Bladder.

One great objection to this mode of treatment is the high degree of inflammation, the Urine is apt to produce from its escape into the Abdomen, causing Abscess to form in this part &c. —

The canula is apt from its remaining in the Bladder, to cause Ulceration of the back part of the Bladder, and thus way making an opening into the Rectum, but this may in a great measure be avoided, by substituting a shorter Canula, as for instance one of about 1 1/2 In. in length instead of the common one of 3 or 4 Inches long, after the operation has been performed 2 or 3 Days. —

This operation has been performed in case of suppression of urine, from injury received in delivery, and is the only one which can be performed under these circumstances. —

The third mode of performing this operation, and by far the most eligible, is by puncturing the Bladder from the Perineum. — The mode of performing this operation is by first making



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an incision exactly the same as when about to operate for the Stone, this incision should be carried down to the Crux of the Penis, then pull the Bulbous part one side, and pass the Trocar between this, and the Crux, into the Bladder, this way is by far the most eligible, as there are no parts of any consequence wounded, and the opening is a depending one, and the Canula may be worn in this part for a length of time without much inconvenience. —

### Amputation. —

Before performing the operation of Amputation it is necessary to apply the Tourniquet upon the Limb for the purpose, of stopping the flow of Blood thro' the Vessels. — If the common Tourniquet is applied, the band should be fixed upon the course of the Artery, but if the Screw Tourniquet is applied no band is necessary, as the part where the Screw is situated should be applied over the course of the Artery. — When the Tourniquet is applied on the Thigh, it should be rather above the middle part, and when on the Arm, the same Rule must be obser-



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In amputating the finger at the second joint after you have separated the skin sufficiently, so as to leave sufficient to cover the surface of the part for this should be attended to, as the cartilaginous surface won't granulate, the incision into the joint should be made on the side, for if made either on the fore or back part, you will find some difficulty from the projection of the bone. -

In amputating the finger at the last joint you have nothing to do but to make an incision between the fingers on each side, so as to make them meet on the back part of the joint, and by bringing the other two fingers together, you will have sufficient incisions. -

When it is necessary to remove the hand it is better to amputate at the wrist joint, than at the lower part of the forearm, on account of the great number of tendons, and which are apt to be tough. - In amputating at the wrist joint you must make your circular incision just at the root of the Metatarsal Bone of the



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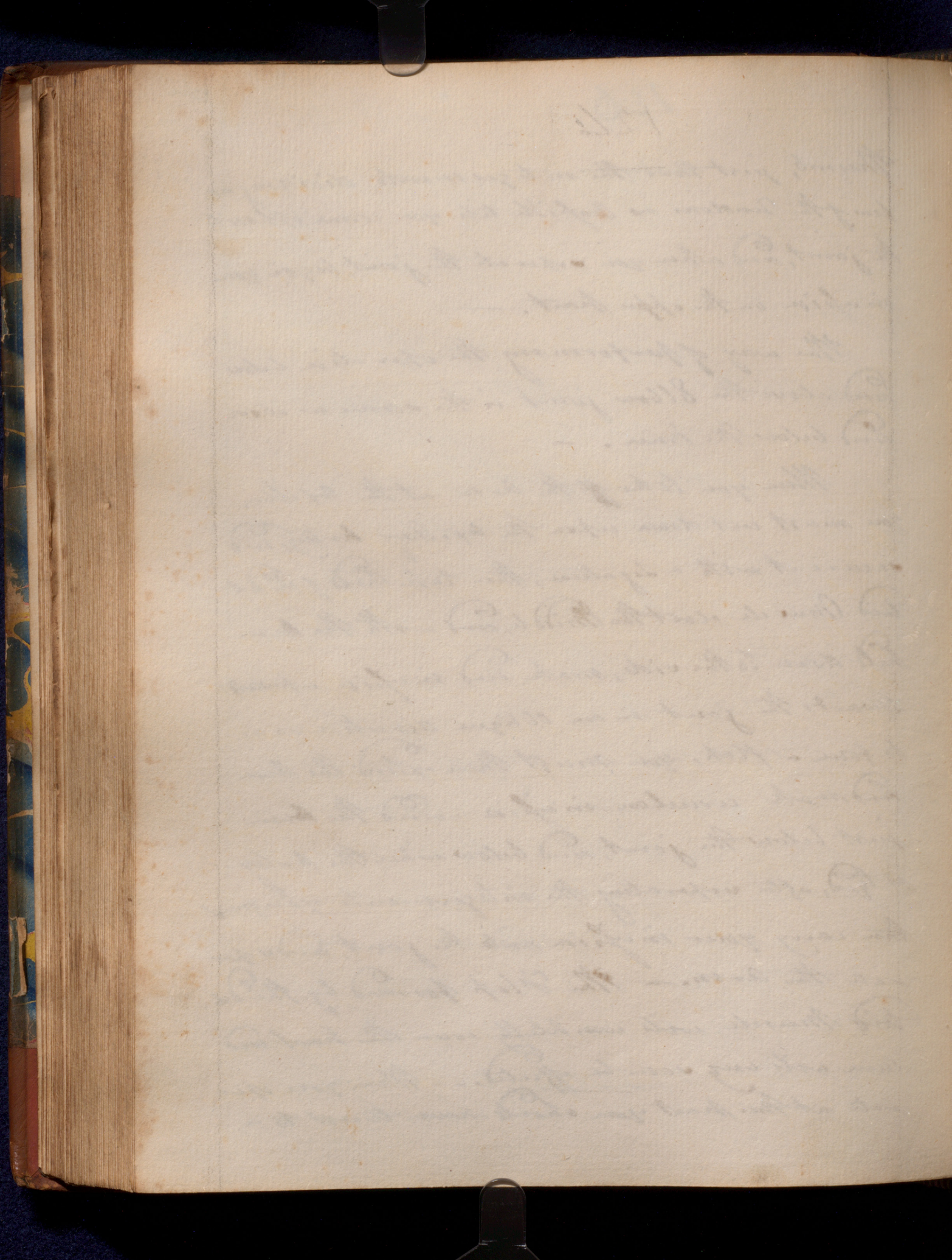


Thumb, just thro' the integuments, dividing as few of the tendons as possible till you come opposite the joint, and when you separate the joint, begin your incision on the upper part. —

The way of performing the operation below and above the Elbow joint is the same as above and below the knee. —

When you take off the Arm at the Axilla, you must cut down upon the axillary Artery, and secure it with a Ligature, then take hold of the deltoid Muscle about the Middle, and with the Arm held down to the side, make an incision upwards towards the joint in an oblique direction so as to form a flap, you must then extend the Arm and make circular incision round the Arm just below the joint, and below where the Artery is tied, after separating the integuments you must then carry your incision into the joint, and separate the Arm. — The Flap formed by the deltoid Muscle, will completely cover the part and cure will very soon be effected. — When you operate at this part you should never trust to a







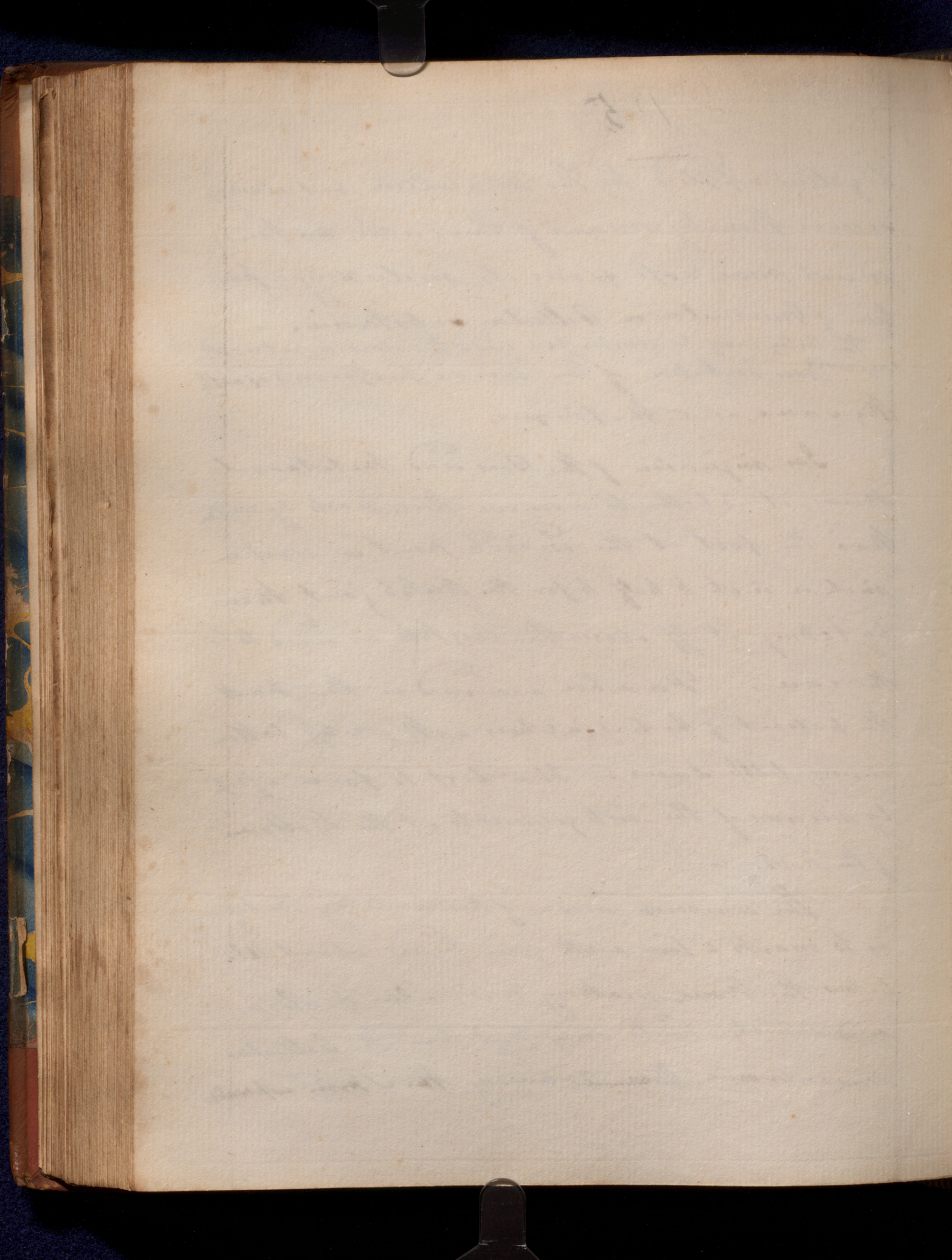
ligature applied by the Tenaclum, but always  
secure them by means of the Needle, as this is  
much more safe from its including a por-  
tion of Muscular or Cellular substance. —

The Artery may be compressed under the clavicle, but is rather  
dangerous. Amputation of the Toes is performed exactly  
the same as in the fingers. —

In injuries of the Toes and Metatarsal  
Bones, it is better to remove these parts by cutting  
thro' the foot at the middle point or about an  
inch or inch & half before the ankle joint, then  
by taking it off above the Ankle as used to be  
the case. — For when removed in this part  
the patient if he has a shoe with a stiff bottom  
is very little lame. — It is best to form a flap  
by means of the integuments at the Bottom  
of the Foot. —

The common mode of amputating the leg  
is to mark a line with your hand about 12 in  
below the knee, making a circular incision,  
and which should only pass thro' the Cellular  
membrane, then drawing the Skin upwards,







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gradually carry your incision upwards, and down to the Bone, about 2 In. from the first incision, you must then divide the Muscles between the Bones, and then make use of the Saw.

Mr. Hay of Leeds makes use of a different mode of operating, he first measures the distance from the inner condyle to the Malleolus internus, and the middle part of this space he marks as the part where the Bone must be divided, he then takes one third of the circumference which he marks as the length of the flap, and he passes the Knife thro' the Limb, at one third of its diameter, as the thickness of the Flap, and separates the portion marked out as the Flap, and then makes the circular incision on the fore part of the Leg in the common way at the part marked out for the division of the Bone, allowing a little for the retraction of Parts, and then unites the Flap by means of Sutures.

Amputation above the Knee is generally performed by the circular incision, and much in the same way as below the Knee, but there is one



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circumstance of consequence, and which is the application of Ligatures to the Arteries, in the Thigh is it not safe to trust to their being taken up by the Forceps, but to take them up by the Needle, the mode of doing which is to pass the Forceps into the mouth of the Vessel, and then pass a Needle round it, including a portion of Muscular or cellular substance, and by that means preventing its being thrown off.

With respect to the removal of the Thigh at the Hip joint, it is a very dangerous operation and should by no means be performed.

## *Pic. Dolores.*

This disease is a painful affection of the Nerves, most commonly those of the face, the different parts of the Body are liable to this affection, the attack this disease, is sudden and violent, recurring at intervals, like an Electric shock, an attack of pain may be brought by any slight exertion of the part when once the disease has taken place. - The disease is more



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common in Winter, than in summer.

The Nerves most commonly affected with this Disease, are first the suborbital Branch of the fifth pair of Nerves, second the Per Auricular of the seventh pair, third the Mental Nerve fourth the Ophthalmic Branch of the fifth pair of Nerves, but any Nerve of the Body may be subject to this Disease. —

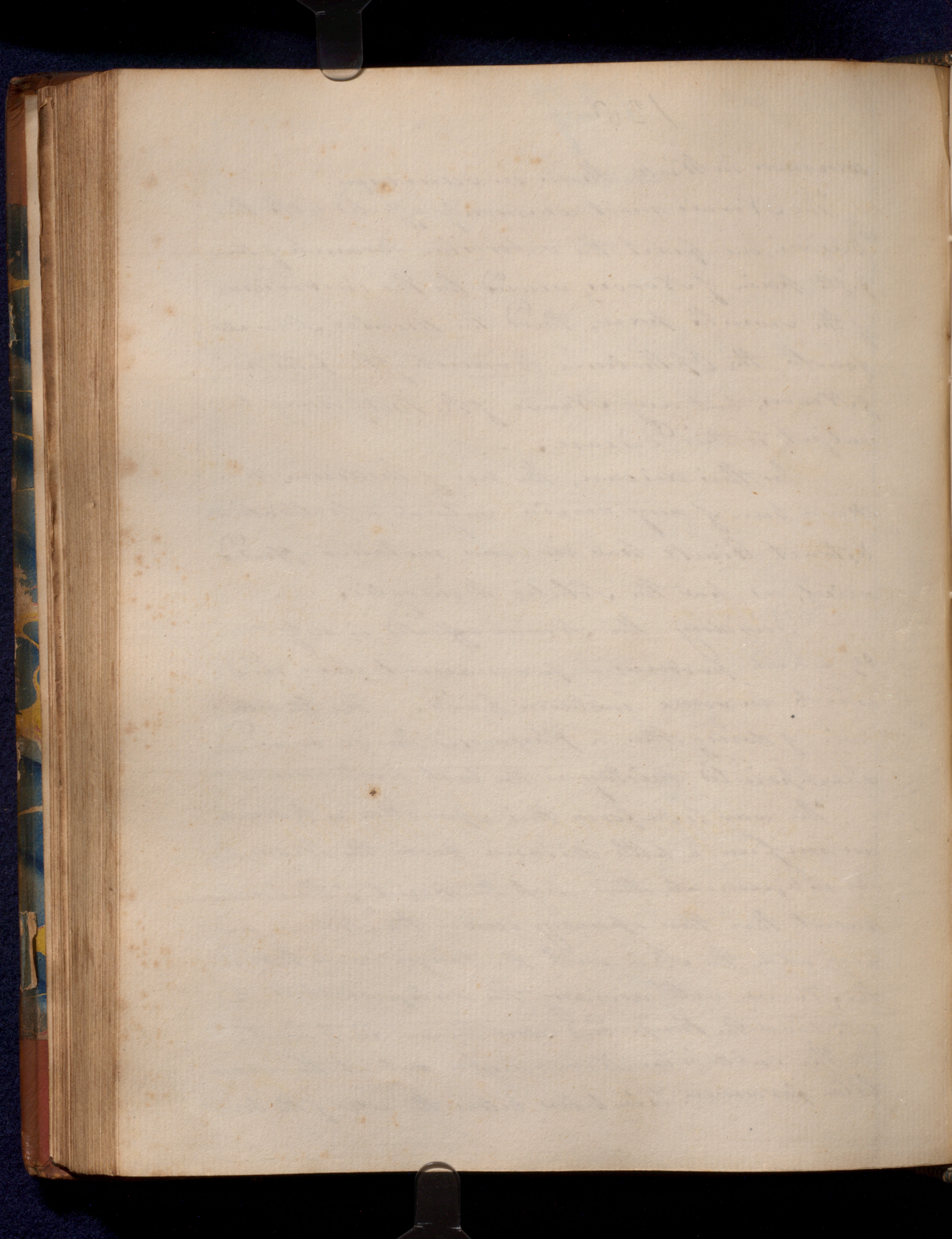
In this disease, the use of Medicine has shewn been of any service only as a palliative Extract Cicuta has in some instances afforded relief, as has the Solutio Mineralis. —

Dividing the Nerve affected, is only sometimes which produces a permanent cure, and which in some instances fails. — For the purpose of doing this a Pigeon's Knife or curved sharp pointed bistoury is the best instrument. —

The way to perform this operation is to make an incision a little distance from the Nerve, thro' the integuments, then pass the point of the instrument thro' this opening under the Nerve, and press upon the Skin with the finger so as to divide the Nerve, with <sup>out</sup> dividing the integuments, then withdraw the Knife and allow the wound to heal. —

The Suborbital Nerve passes out at the suborbital foramen, 1/2 in below the edge of the orbit







opposite the middle, and the part where it should be divided is 12 in. lower, that is 12 in. below the inferior edge of the orbit. — The *Per Auricularis* on account of its situation should never be divided. —

The Mental Nerve, is easily and safely divided, the way to do this is by passing a Lancet down between the skin and Bone of the lower jaw on the inside of the lip, opposite the first Bicuspis tooth.

The Optic Nerve Branch of the 5<sup>th</sup> pair of Nerves passes out against the inner angle of the upper eye brow and is distributed to the Forehead, to divide this you must introduce the point of the Knife opposite the middle of the Orbit, rather to the inner side. — A Lancet applied opposite the Nose has sometimes performed a cure. —

## Suspended Animation

When this takes place from drowning, it was formerly supposed to be owing to a quantity of Water entering the Lungs and imbedding respiration, but this is now proved not to be the case, but that it takes place in consequence of the Air being prevented from entering the Lungs to produce that







attenuation of the Blood which is necessary to Life. —

In suspension by the Nuts, it was formerly supposed the Death took place in consequence of an Apoplectic state being induced, but it arises from the same cause as in drowning. —

When Death is the consequence of inhaling poisonous Air, some have supposed they kill by inducing a Spasm of the parts preventing the lungs from being expanded, but they seem to hinder this by direct Sedative properties. —

In case of such kind of Asphyxiation the means to be employed for the restoration of Life are the following, the Body should be laid in a warm Room, and rubbed dry by means of Flannels, then open the Jugular Vein, and take away 3 or 6 OZ of Blood, then endeavour to inflate the Lungs, for this purpose a proper Apparatus has been invented, but may be done as well or perhaps better by means of a pair of common Bellows. — To secure these you should pass your hand knuckling round the Nose of the pipe, so as to make it fill up the Mouth then press upon the Pituitary Adami to close the Osophagus, to prevent Air from passing down into







The Stomach, at the same time closing the Nostrils, then inflate the Lungs by means of the Bellows, and ~~alternately~~ pushing the Air out again, to imitate in some measure natural Breathing. - In case a pair of Bellows are not at hand you may do some good by pushing upon the Breast so as to force down the chest, then taking off this pressure by the elasticity there will be some inflation & the same. - In case of an Infant not breathing immediately after birth, the introduction of a Pipe into the Lungs becomes necessary. - It has been the practice to make use of a Tobacco Pipe in cases of this sort, but is very bad Practice. -

When there is any foreign substance lodged in the Throat, you should never be in a hurry to introduce the Probang, but endeavour to extract it by the introduction of the Fingers.

## Bronchotomy. -

The usual part at which this operation is performed, is opposite the 4<sup>th</sup> Ring of the Trachea, by first making an incision in a longitudinal direction 1 in. by this the integuments and then deep the Knife in a transverse direction between the Rings.







of the Trachea, and then introduce the pipe for the purpose of inflation. - This operation is frequently fatal, in consequence of the Veins being divided which returns the Blood from the Thyroid Gland and a bleeding taking place into the Trachea. -

The Operation possibly might be more successful if performed between the Thyroid & Cricoid Cartilages, under the same directions as above. -

## Gonorrhoea.

The first Symptom which is in general observed to take place is a Gonorrhoea, is an itching sensation at that part of the Urethra opposite the Granum, and on examination, a slight degree of Pulsus and redness is observed at the extremity of the Urethra and Glands, and when in this state if you squeeze the point a small quantity of Mucus is forced out of the extremity of the Urethra, a little time after this perhaps in the course of 24 hours, a discharge of Matter takes place from the Urethra, and







There is a painful sensation in making water, the matter in the first place is of a white or yellow colour, after a little time it becomes of a greenish colour, and sometimes brownish or tinged with Blood. -

The Pain in making water, called *Ardor Urinae*, arises from a Degree of Heat in the Part, even in many cases when patients are labouring under this, they avoid making water as much as possible or perhaps don't do this oftener than once in 10 or 12 Hours. - When the pain is violent, a hemorrhage will frequently take place from the Urethra. - The inflammation will sometimes extend along the Urethra to the Bladder, occasioning Difficulties in making water, the glands of the Groin become enlarged and inflamed, and likewise sometimes the Testicles constituting *Hæmorrhoides*.

The State of the Inflammation may generally be known from the Discharge, if this is white, there can't be any degree of inflammation, if it is greenish, there is generally a good deal of inflammation, and if of a dark colour or tinged with Blood, there is then a considerable degree of inflammation. -



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The time at which these symptoms take place from the application of the matter, is various, sometimes in 2 or 3 days, in other instances 3 or 4 weeks or a longer time, but in a general way about the 5<sup>th</sup> day, it is found that there is more difficulty in stopping the Discharge, in cases when it has made its appearance late, than otherwise. —

The seat of the Disease is generally about an Inch or an Inch & half from the extremity of the Urethra, about the situation of the Lacuna Major, tho' in some instances extends along the whole of the Canal. —

The Disease was formerly supposed to proceed from an Ulcer in the Urethra, but this from repeated examination is found not to be the case except in some instances when the Lacuna becomes obstructed, and become enlarged making a discharge externally near the Perineum, this is more properly an Abscess. —

Some supposed the Disease was caused by the Absorbents carrying the matter from the surface of the Glands to the Urethra, but this can't be the case as they take a different course. —

On Observation the extremity of the Canal is first



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observed to be inflamed, and gradually extends to the part before mentioned, being the most vascular.

Any Fever taking place during Gonorrhoea with such kind, the Venereal Action for a time, but on the Fever subsiding, it will again take place.

With me but to the Cure of this Disease, Mercurius as an Antivenereal is not necessary and in fact does harm, by increasing the Discharge, in this Disease you should first make enquiry whether the Person has ever had Gonorrhoea before, and if so whether it was violent or not, if he has had the Disease before and the Symptoms were mild, you may immediately have recourse to injections and by that means cure the Disease in a short time, but if he has not had the Disease before, or the Symptoms have been violent, you must proceed upon a different plan, having recourse to purging, a good purge for the Purpose is Pills composed of Calomel. Pulv. Rhui. and Balsum Capivi made in to Pills by the addition of a little Pulv. Tragacanth. Comb. or by giving Magnesia Vitrid joined with Nitre, and at the same time giving Nitre in some other form.

If the Pain is violent soaking the Penis in







hot water, and making use of an Injection of Oil  
and R. O. Oil in the Preparation of R. O. Oil Y. & O. Oil  
Yp, may be of Service if the Syringe is properly  
used, — the Medicine which is frequently given  
with advantage in the Ag. Kali Puri in the Dose  
of 10 or 15 Drops, twice or three times a day, mixed  
any Water &c. or the exhibition of Soda Water, may  
be of Service. —

When the above plan of treatment has been  
pursued for 8 or 10 Days, you may then have  
recourse to the use of injections, and for this  
purpose a good one to begin with is R. Vitriol. & Yp  
Ag. Rosa. & Oil. Rosa. & Yp. — When this has been  
used for 4 Days recourse may be had to more acti-  
-ve injections, one composed of Liq. Acetat. Storj  
Ag. Rosa. & Yp, or what is much the same Ag. Symplic.  
Aut. of the Vitriol. Alb. & is Ag. Rosa. & Yp. —

An injection of Extract. Saturn. & Water on some  
accounts may answer very well, but it has been  
observed that Strictures more frequently occur  
after it, than any other. —

Other injections may occasionally be used as



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a Solution of Vitruv. Alb. or Az. Colic in  
Calomel. or one much recommended by Br. Boerhaave  
of Solut. Supur. Ammon. & Az. Rosa Zis. —

Injection should be used 4 or 5 times a Day  
as in general after making water, at the time  
of injecting the Urine should be compressed in  
the Perineum, to prevent the Injection from  
being thrown farther than that part, and then  
it may be thrown in with some degree of force  
to get into the Lacuna. — It is in general  
best to ~~alternate~~ the different injections. —

Giving Balsam. Capivi with often repeated  
the use of injections, and in general should  
be preferred. — Made into a Mixture is the best  
mode of giving it. —

Tho' Calomel is not necessary for the cure  
of this Disease, yet in many instances, when  
it has resisted the other means giving this  
so as to act upon the Bowels has produced a  
Cure. —

In irritable Habits, when there is considerable  
inflammation, Hemorrhage from the Urine  
will often take place, if this is in small quan-



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city it will be of service, but if large, it becomes necessary to do something to stop it, you must press upon the Urethra beginning near the Bladder and proceeding towards the extremity of the Urethra, to find the exact part from which this takes place, and then make pressure upon that part by means of a Compress and the T-Bandage. - Some have recommended the injecting of Salt Turbith & Oil, but this is too irritating. -

You may take off this Oil by the exhibition of Pills composed of Opium, Extract. Cicuta & Camphor. -

## Stricture in the Urethra.

The first symptom which usually indicates the presence of a Stricture in the Urethra, is a more frequent inclination to urinate water, being unable to pass the urine without making water, as is generally the case. - The next symptom is generally the urine running away in a smaller stream, tho' this in many in-



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status is not the case, when the Stricture is situated near the Bladder, the Urine often passes in a flattened or forked stream, and if the Disease is situated near the origin, will pass in many different streams. — A glutty discharge rather plain and which after a time becomes purulent, and if any degree of exercise is used, will sometimes be mixed with blood.

If the Lids of the Urethra are opening, they will generally be found to be swollen and hard.

You may soon know full the point where the Stricture is situated by passing with your finger along the course of the Urethra, more particularly if seated anterior to the Scrotum, this will give either a sensation of fullness, or that of a hollow as tho' the Urethra was encompassed by a band. —

Different constitutional affections are caused by this Disease as Symptoms of them of the Intermittent kind, such as cold, hot & sweating Stages, these recurring once in 24 hours, if the Disease is not very bad, but if in a worse Degree the Febrile Paroxysm recurs twice in 24 hours.



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My dear Mother  
I received your letter of the 10th inst. & was  
glad to hear from you. I am well & hope  
these few lines will find you the same.  
I am very affectionately attached to you  
and hope to hear from you soon.  
I am, my dear Mother, ever your affectionate  
son,  
John Smith



After Stricture in the Urethra has existed for some time, the Urine becomes of a Milk like colour and consistency. - If the Disease is allowed to proceed, it will cause a Fistula Perinealis. The way this is formed is by the Lacuna, behind the Stricture becoming distended, and being ruptured an Abscess in the consequence, producing the Fistulous opening. - Another consequence of Stricture in the Urethra, is a thickening of the Bladder, and this is owing to the membranous coat of the Urethra becoming inflamed, and extending the Bladder, this causes a quantity of watery like Symples to be thrown out forming the thickened state of the Bladder and Urethra.

Stricture likewise produces some effect upon the Kidneys, which is in a wasting of their Substance. -

Seat. Strictures are more commonly formed at about the Distance of 7 In. from the extremity of the Urethra, which is 2 In. from the Bladder, as the Urethra of an Adult is generally



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about 9 In. long. - In general there are two strictures, and when the situation of the first is at the part before mentioned, the other for the most part is nearer the bladder by about 1 In. This second stricture more easily gives way in general. - The part before mentioned is the most common seat, tho' they are occasionally situated in any part of the urethra. -

Species. The most common kind is a narrowing of the canal from a thickening of the membranous coat, and appears exactly, as if a thin cord was pressed round the canal.

A second kind is from a Deposit taking place on the outside of the canal for some extent, perhaps from 1/2 In. to an Inch. - A third species from a Membranous Band crossing the urethra. - A Fourth kind is from an Elastic membrane surrounding the urethra, and which will give way and allow a Bougie to pass, but will afterwards soon return to its former state, this is incurable, and requires the use of Bougie at times for life. - In some cases a



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Stone is situated behind the Stricture.

Cause. The most common cause of Stricture is Gonorrhoea (tho' it may arise independent of this) and appears more particularly to follow the use of Injections during the inflammatory stage, repelling it towards the neck of the Bladder, a quantity of coagulable lymph is thrown out, and causes the Stricture &c.

Cure. A common soft Bougie of the size of the Urethra should be introduced into this Canal and kept by the Stricture if possible, and then worn for a length of time daily, but if this will not pass you may then by the impression made on its end, determine the size and situation of the Stricture, you must then endeavour to pass a small Bougie, and gradually increase the size according as done.

If the Stricture is so small as not to allow the small Bougie to pass, you should then take a common Hard Bougie, and bend the point a little, introduce it into the Urethra, and press it against the strictured part, gradually passing



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it round, and in this way it will sometimes  
pass. — The Bougie should be bended in the shape  
of a catheter. — The Metallic Bougies frequently  
answer, when the others fail. — Some have recom-  
mended the Catgut Bougie, when the Stricture is  
small, but they are very seldom of any service.

In many cases, you will be able to pass a  
small Catheter, when you can't a Bougie. —

When you are not able by any means to pass  
the Stricture, you must then have recourse to  
the Caustic Bougie, but this should by no means  
be used till the other modes have tried a sufficient  
Trial. — Before the introduction of a caustic Bou-  
gie, a common one of a larger size than the Caustic  
should be passed to the Stricture, to mark the  
passage. — The Caustic should only be applied  
for the space of 15 or 20 minutes in the beginning, and  
the length of time may be increased according  
to the effects and Symptoms. —

Great care is required in its use, to pre-  
vent injury being done to the Urethra in passing.  
Some times it has caused a considerable







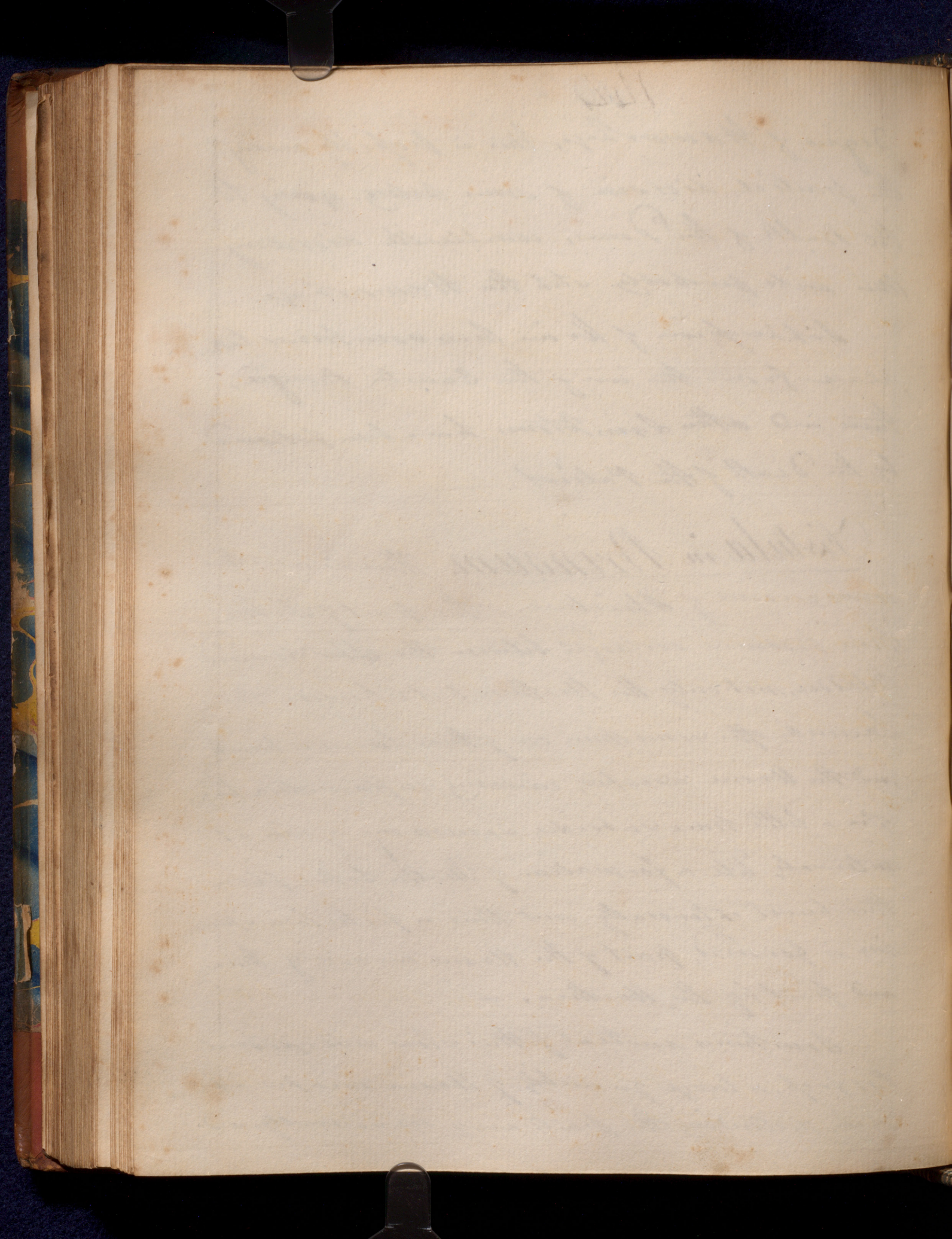
Degree of Haemorrhage, this is probably owing to the partial division of some artery, going to the Bulb of the Penis, completely dividing this will probably stop the Haemorrhage. -

Suppression of Urine has sometimes taken place from the use of the Caustic Bougie, - then and other Symptoms have been followed by the Death of the Patient. -

Fistula in Perineum. This is an other consequence of Stricture. - The part of the Urethra becomes enlarged between the ~~Stricture~~ and Bladder, not only the Urethra, but likewise the Lacuna, after some time one of these Lacunae bursts and the Urine escapes, causing inflammation, this after a little time subsides, recurring again at intervals, till a formation of Matter takes place this bursts externally and thus a fistulous opening is formed, part of the Urine escaping this way and part by the Urethra. -

Sometimes instead of this slow and gradual Progress, a large quantity of Urine escapes at once, distending the parts very considerably, and







if not prevented quickly goes on to Mortification, of the parts. -

Cure. In the beginning of this complaint, passing a hollow Bougie thro' the Stricture into the Bladder so as to prevent any Urine escaping any way except by the Stricture, will sometimes effect a cure, but if this does not answer the purpose you must then assist the formation of Matter, and evacuate this as early as possible, and should you make an opening before Matter is formed it will be of service as it will give vent to the Urine which is extravasated. - You must then endeavour to open the Stricture by means of the Common or Caustic Bougie, and this will allow the parts to Heal. - Local applications to the Perineum or urethra, & what when you have opened the Stricture, and the part does not appear disposed to Heal, you may then excite inflammation, for the purpose of assisting adhesion. -

When there is a large quantity of Urine escaped into the Perineum &c. you must evacuate this by a free incision, for if this is not done there is considerable Danger of Mortification and Sloughing of the Parts, and which is in a great measure obviated by a free opening into the parts. -







Incurability of the Neck of the Bladder. This  
 likewise is a consequence of Gonorrhoea, and is owing  
 to the inflammation extending along the Urethra, to  
 the Neck of the Bladder, Muscles &c. producing  
 violent pain, and a Spasmodic affection, and some-  
 times a Suppression of Urine, this has been im-  
 properly called Spasmodic Stricture. —

Treatment. If the Pain and Symptoms are  
 moderate, a Solution of Hydrarg. Muriat. will  
 be of very great Service, but if the Symptoms are  
 more violent and attended with a Discharge of  
 Blood, bleeding both generally and locally will be  
 of Service, at the same time giving Pills composed  
 of Camphor. Opium and Calomel will answer  
 a good purpose, a Blister, or Rubefacient to the  
 Perineum, the Warm Bath, Tinct. Ferri Muriat.  
 will occasionally be of Service. —

If there is a Spasm of the Sphincter Vesicae,  
 it may then be of Service to introduce a Bougie into  
 the Bladder, and then with sometimes be difficult  
 in passing this and which in many instances  
 will be got the better of by allowing the Bougie to  
 remain a little in the Urethra, before you attempt  
 to pass it forwards. — Opium does not produce  
 so much good effect as Cicuta. —



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Chordee. This is an irregular and curved direction which takes place in the Penis when it becomes erect, and which becomes drawn in various directions, feeling as tho a Chord were passed at the Penis, and generally takes place when the Patient is warm in Bed.

Cause. Inflammation, taking place causing a quantity of coagulable Lymph to be thrown out, which fills of the Cells and glues them together, and which prevents them being distended on that side, causing the pain and contraction.

Cure. The application of cold in any form will relieve the paragon, but for the cure, Leeches must be applied, and Scautia externally and internally, and along with this Purgings should be had recourse to, and to reduce the Swelling which remains, Mercurial Ointment joined with Camphra, may be rubbed in upon the Parts.

Abscess in the Lacuna. The frequently point behind the Scrotum, and are sometimes attended with Danger, they should be opened early, to prevent the matter insinuating itself between the Skin and Cellular membrane.



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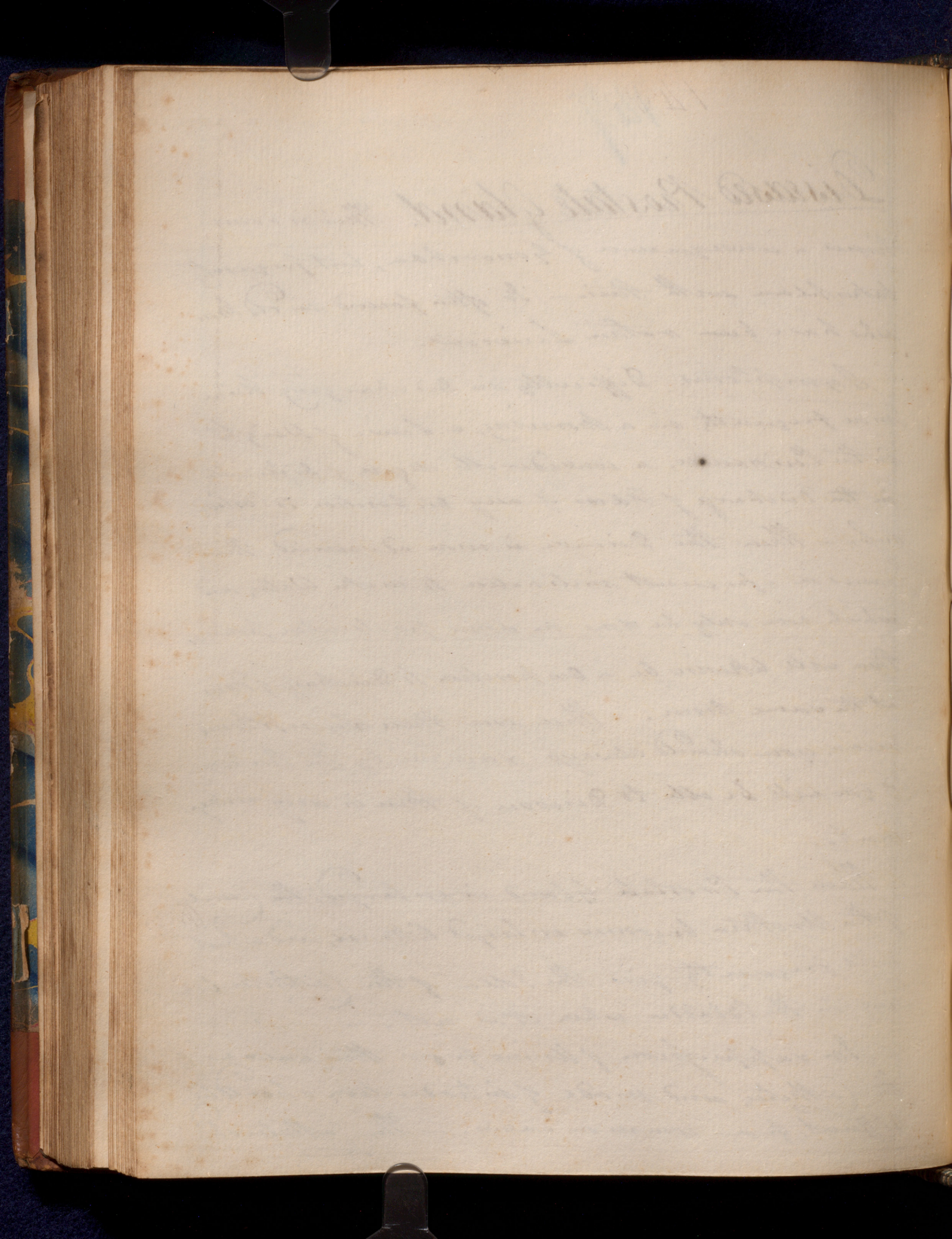
Diseased Prostate Gland. This is some-  
times a consequence of Gonorrhoea, but frequently  
takes place without it. - Is often found in old men  
who have been rather Lascivious. -

Symptoms. Difficulty in discharging Urine  
more frequently in a Morning, a sense of Weight  
in the Perineum, a considerable degree of Difficulty  
in the Discharge of Urine if any disposition to Costive-  
ness. - When the Disease is more advanced, there  
comes on a frequent inclination to retain Water, and  
which can only be done in some particular posture,  
there will likewise be a disposition to Discharge of Urine  
at the same time. - When ever these Symptoms  
occur, you should always examine by the Rectum  
if you will be able to discover if there is any enlarge-  
ment. -

When the Prostate Gland is enlarged, the Canal  
of the Urethra becomes enlarged likewise, and which  
will frequently give the Idea of the Catheter be-  
ing in the Bladder when it is not. -

In suppression of Urine from this cause  
the Catheter and mode of introduction should be  
different from common cases. - The Catheter sh<sup>d</sup>.







be 2 In. longer than common, and left curved.

When the point of the Catheter is near the Prostate gland, the Handle should be depressed to raise the Point.

It is sometimes necessary to leave the Catheter in the Bladder, the Metallic is the best for this purpose.

Inflammation of this gland occurring in young People, is best treated by Leeches to the Perineum &c. - but a Spontaneous cure will often take place, by matter forming and Discharging itself by the Urethra.

Irritability of the Bladder. This is concomitant, with Gonorrhoea, Stricture, and Diseased Prostate Gland. - The best remedy for this is Uva Ursi, or the Pills before mentioned, composed of Opium, Camphor & Cicuta. - Aq. Kali Puri may be sometimes useful, and the Warm Bath.

Paralysis of the Bladder. When the Bladder is in this State, it is not attended with Pain, tho' the Bladder is distended. - There is seldom any difficulty in introducing the Catheter, but if the Patient is in a recumbent posture, the







Urine wont flow till he becomes erect. -

Cure. The Application of a Blister to the Loins, and small Dose of Tinct. Cantharid. will generally effect the Cure. -

Hernia Humoralis. This occurs very frequently in Gonorrhoea, and is always preceded by an uneasy sensation in the Perineum, attended with soreness and pain along the Spermatic Chord, up towards the Abdominal Ring. - The soreness and swelling begins first in the Epididymis, it becoming enlarged, and afterwards the Testicle, the Spermatic Chord is swelled and Painful, up towards the Hip, and the Pain extends to the Loins. -

Cause. The inflammation extending along the Urethra to the Vasa Deferentia, and is propagated to the Epididymis and Testicle. - It is often occasioned by the use of Injections during the inflammatory Stage. - Sometimes it is occasioned by the introduction of a Bougie, into the Bladder or by the use of the Caustic Bougie. -

The injection of cold Water alone has occasioned it, or any thing which causes irritation of the Parts. -







Cure. The Testicles should be well supported by means of a proper Bag Truss, and the patient should be kept as much as possible in a recumbent posture. - You should act freely upon the Bowels by means of Calomel. - The application of 4 or 6 Leeches to the part, may be serviceable.

Keeping the part moist by Cloths wet in Aq. Ammon. Acet. or with the addition of a small portion of Ammon. Mariat. - or in some instances a common Bread & Milk Poultice will have a better effect. - Bleeding (generally) is sometimes necessary if there is much irritability. - To riden the Hardness which remains, Calomel may be given internally, and a portion of Oiled Silk applied upon the Part, or Ungt. Hydrarg. soft may be rubbed upon the Part. - A Blister in some cases will be serviceable. - There will sometimes a degree of Hardness remain, and which will rather make the Patient uneasy, but this does not destroy the use of the Testicle.

If the Disease is taken early Suppuration is very seldom the consequence, tho' if neglected







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or treated improperly it will do so sometimes,  
and when the Abscess bursts, it puts on very much  
the appearance of Cancer, a fungus & rooting up  
similar to that which does in injuries of the Brain.

Many Testicles have been unnecessarily re-  
moved on this account.

They may be cured by destroying the Fungus  
by means of a Powder composed of equal parts  
of Powdered Arsenic and Opium, or you may dissect  
out the Fungus, bring the Skin together by means  
of a Suture, and the parts will heal.

*Symphathetic Bubo.* This is not of  
much consequence if properly treated, rubbing  
in Mercurial ointment always does harm.

They will generally give way to Purging pills  
by means of Calomel, and in some cases the appli-  
cation of a few Leeches to the Part, or Aq. Ammon.  
Acet. or a Soap Plaster will be of Service.

If you have any Doubt whether the case  
is Venereal or Sympathetic, you may determine  
them by examination, if Venereal there is only  
one Gland affected, if Sympathetic, several are  
tumefied.



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Gleet. This is a colourless discharge from the Urethra following Gonorrhoea. —

It is extremely Difficult to determine, when  
the complaint becomes of this Nature, as the  
Discharge has been infectious 5 Months after  
contracting the Disease (in the Male, and a much  
longer time in the Female, as long as 2 years.

The Discharge in a Gleet is generally trans-  
parent, but exercise will alter the colour. —

Cure. The mode of cure may be either by  
Injections or internal Medicines. -

Balsam. Capivi, aa a Mij tunc com horid  
y Balsam. Capivi. ℞iij & Mt. Ottha. Nitri. ℞iij & ind.  
Vitriol. dilut. ℥ss & oil ℥ss & Mt. cast. cochl. par.  
bis ter ve Deu —

For in Injections, a Solution of Hydrag.  
Muriat. or Cupri. ~~Potiv.~~ or Cupri. Ammon.  
will frequently answer very well.

If by then means you cant stop the Gleet  
then is then great reason to apprehend there  
is a Stricture, and which must be cured by  
Bougies &c. The Bougie may be rubbed over  
with Ung<sup>t</sup> Citrinum. —



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Impotence. There are several causes which give rise to this as involuntary Discharge of Semen on going to Stool. - Irregular action in the Parts, not sympathizing. - Nocturnal Emissions. - Loss of the Testes. - Passions of the Mind. - Strictures. -

When it arises from the first of these causes Strengthening the System and Parts by means of Tonics will be serviceable. - The following Pills will often do good - ℞ Gum. Oliban. ℥i. Gum. Myrrh. ℥i. Bals. Capivi. q. s. ℥ss. Pill. xxix each ʒi bis ter in Die. - Or Pills made of R<sup>h</sup> Rh<sup>i</sup> and Turbith. Cinth. will sometimes be serviceable. - And along with them the Cold Bath. -

When the Parts don't sympathize in their actions, there is generally a considerable degree of invalidity of the constitution, in this case R<sup>h</sup>. Heri. Muriet. or Pills composed of Camphor & Cicuta, may be of Service, and the Patient may wear a Gope composed of the Neck of an Elastic Bottle round the root of the Penis. - Nocturnal Emissions cured in the same way. - When loss of the



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Testes is the cause it is irreparable, and if only one Testicle is lost, it won't produce this effect. — If the cause is from an affection of the Mind, sleeping for several Nights with a Woman with a Determination not to have connection may be of Service. —

When Stricture is the Cause, the Patient will have the Discharge, of the Semen stopping, but this will not be discharged till 5 or 10 Minutes after. — In this case the remedy is obvious. —

Sometimes a Gonorrhoeal Discharge takes place from under the prepuce, between it and the Glans, and which is equally infectious, this is cured by the usual mode of treatment. —

In some few instances an affection of the Eyes, and Rheumatic Symptoms have come in consequence of Gonorrhoea. —

Gonorrhoea in the Female begins on the inside of the external Labia, which become tumefied and inflamed, this extends to the Nymphae, and causes in almost all cases Sympathetic Swellings in the Groin. — The Orifice of the Uterus becomes tumefied, and is known



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The *Caementa Myrtiformes*, - The *Meatus*  
*Urethrae* becomes affected the same as in the  
 male, causing pain and heat in making  
 water, the Bladder likewise sometimes is affected.

Cure. If there is much inflammation, the best  
 local application will be warm fomentations,  
 and the treatment as in the Male of giving  
 Purgers, Diluents &c. must be used. -

As an Astringent wash in females. The best  
 is the following. Decoct. Cort. Peru. Rj. Alumina.  
 ʒi. M. This should be applied on a sponge or lint, -  
 This wash may be made stronger or weaker  
 according to circumstances.



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## Chancres.

If the Venereal poison is applied to a part covered with skin if that skin is thin, it excites a degree of Inflammation, and a small Pimple is formed, if this Pimple is broken you find a small cavity, what has a white appearance. - The edges of this small Ulcer, are more elevated than the rest of the skin, which is one of the characteristic marks of Chancres. - The inflamed part is of a Darker colour. -

When a Chancre is once formed if nothing is done to stop its progress it will go on, destroying the part upon which it is seated, and if it is in a healthy constitution its progress is very slow. -

The situation where Chancres are most commonly situated is in the depression behind the glands, between the glands and origin of the Penis. - Next to this they are most frequently found on the Perineum, and which is generally destroyed before its progress can be stopped. -







Chancres are sometimes situated at the extremity of the glands near the orifice of the Urethra and when thus situated don't cause Gonorrhoea, tho' a Stricture is generally the consequence.

When a Chancre is seated near the extremity of the Prepuce, it generally causes Phymosis.

A Chancre situated on the Dorsum Peni has generally more of a warty appearance than when situated on the Glands. - They are sometimes found on the Scrotum or in the Groin.

The time at which Chancres make their appearance of the connection is in general from 5 to 7 Days, tho' they have taken as early as 24 hours, and as late as 6 Weeks.

Cure. If the Chancre is in the incipient state, you may destroy by means of the lunar Caustic, and bring it to the state of a common sore, which will in some little time get well.

In applying the caustic some nicety is required the caustic should be cut to a point so as to destroy



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the internal surface of the Chancre completely  
for if you only touch the edges you do harm by in-  
creasing the Absorption. -

When you have brought it by the use of the  
Caustic to the state of a common sore, it will  
soon heal, and when this has taken place some-  
times, you should have recourse to Mercury with-  
in about 3 Weeks to prevent any ill conse-  
quences, for unless this is done secondary Symp-  
toms will frequently follow. -

When the Chancre is more advanced and is  
larger, you should not apply a Caustic, but have  
recourse to Mercury, and as a local Application  
use the following  $\mathcal{R}$  Aq. Calcis. 3iv Coloured 3j  $\mathcal{Q}$

Ointments are not good applications to a  
Chancre, the Lotion before mentioned, as Coloured  
Spirits when the part is Pruritic. Rub. rubbed  
down with Cons. Rose, will answer better,  $\mathcal{R}$ g:  
Phagademi. or a Solution of Sublimed in Water  
sometimes are useful or if the action in the part  
is violent a Solution of Lunar Caustic may be



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of Lorcine in the proportion 3i of the Caustic to  
3i of Water. —

When in consequence of a Chancre, a  
Phymosis takes place, the use of Mercury should  
be immediately laid aside, and the Disease sh<sup>d</sup>  
be moderated by means of local application, as  
by the following. ℞ Ag. Calis 3i Calomel 3j  
℞ Op<sup>i</sup> 3j M. This should be injected under the  
Prepuce. — If there is Stricture, at the extremity  
of the Prepuce forming the Phymosis, this will in  
general give way to warm fomentations, or  
if the Operation is necessary, it should be done  
on the upper side, and the incision should extend  
half the way between the extremity of the Prepuce  
to the Corona of the Glans. —

Paraphymosis. The operation is very seldom  
necessary, but may in general <sup>be</sup> reduced to its nar-  
tural state by enveloping the Part in some cold  
application, and then squeezing the Glans in the  
hand to reduce its size, and then bring the Prepuce  
forward with the Finger, this will in general cure







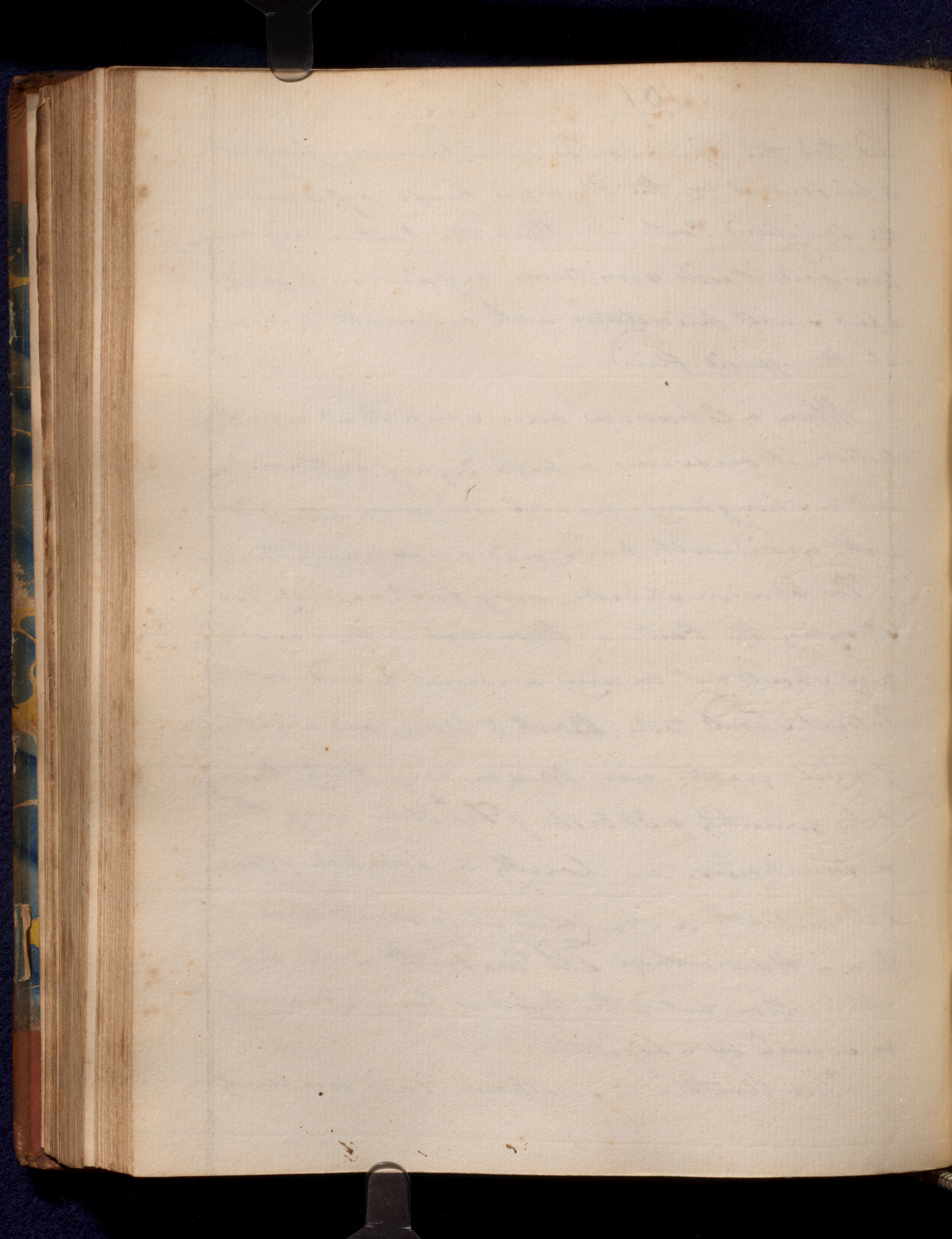
and, tho' the operation is sometimes necessary, it is performed by the Phymosis Knife passed under the strictured Part. — When the Part is very much tumefied, it will sometimes be serviceable to make a few small punctures with a Lancet to evacuate the effused fluid. —

When a Chancre occurs in a Bad constitution, it occasions a high degree of inflammation and a shagreening process comes on, attended with considerable pain, and occasionally Bleeds.

The Chancre spreads very fast, rapidly destroying the Part. — When this is the case Mercury should not on any account be used, but the Patient should take Bark & Wine, and what is of much greater use, Opium very freely, bringing to the quantity of 30 Drops of ℞<sup>a</sup> Opium every three or four hours. — Locally a Solution of Opium Lb℥. Turbith, or Aq. Calais in Calomel & Opid, if there is Stomachicage Lb℥. Turbith is the best application, but if the Ulcer is large it must be secured by a Ligature. —

The Ulcer is sometimes laid completely







open by a sloughing Chancre, when the parts are completely healed and the Disease cured, if this part is small you may take off the edges of the Cicatrix and bring them together by a Suture, and this way cure the deficiency, but if the part is large, then nothing can be done. —

When a Stricture is formed at the Orifice of the Urethra, the Patient should constantly wear a small portion of Bougie tied in. —

When the Orifice of the Urethra is completely closed and another is formed you should direct the Patient to make water to distend the Urethra, and then pass a small Trocar thro' the part where the Urethra was formerly, leaving in the Canula, and after this a Bougie must be worn till the Opening is complete. —

Warts, do not give way to the use of Mercury and are therefore not Curable. They arise either from the Discharge of Gonorrhoea, or from any other Discharge which is acrid so as to scorch the parts, causing a particular action in the Parts, from which the Wart is formed. — They are



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of two different kinds one hard or horny the other soft. — The soft kind is the most easily cured.

Cure. The cure of warts generally attended by the use of the Acetic Ointment or Powder, by the Lemon Juice, or by a Solution of Hydrag. Murat. in Sp. Vin. ten. in some cases a common Poultice covered over with Ungt. Hydrag. fort. has succeeded, but the best application is Pulv. Arsenicum, applied upon the Wart by a Camels Hair pencil every day for 3 or 4 days by which time it will generally effect the Cure. —

In females you can't well apply the Pulv. Arsenic. but you apply a Solution of such a strength as to give Pain, or use it in the form of Ointment in the following form. ℞ Pulv. Arsen. ʒi. Oxyg. ʒi. M. This should be applied for 3 or 4 successive Nights, and then the Ungt. Labind. —

Bubo. This is in general situated on the same side as the Chancre, tho' a true Venereal Bubo may be formed without any previous Chancre or Ulceration. — The Symptoms which



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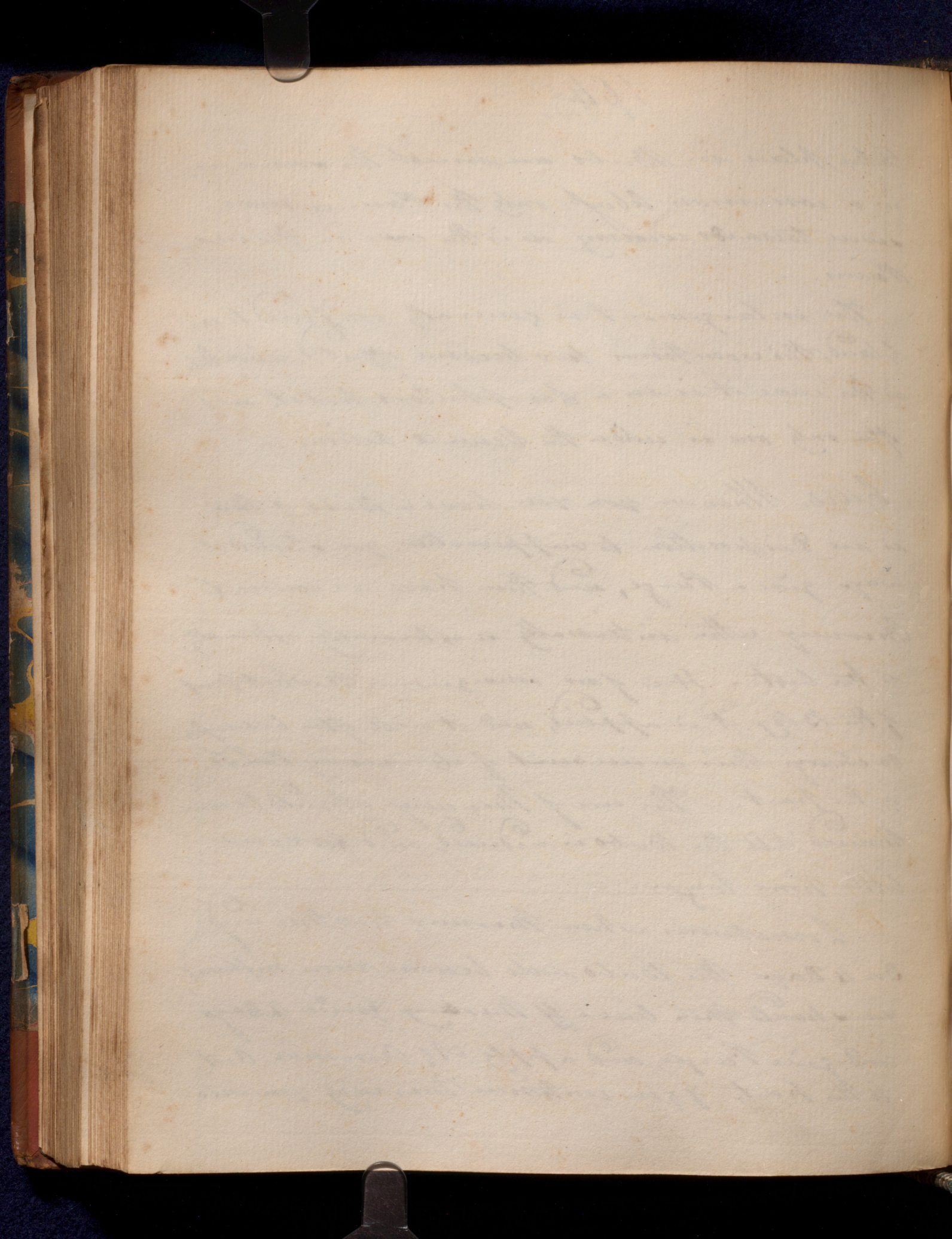
take place in Bubo are much the same as in a common Abscess, only the Pain is more severe towards evening as is the case in Venereal Pains. —

The enlargement is generally confined to one gland, tho' sometimes two become affected, when this is the case it is in a Scrophulous habit, and often only one is under the Venereal action. —

Cure. Whenever you have a Bubo, & there is no Disposition to suppuration, you should always give a Purgé, and then have recourse to Mercury either internally or externally, after all is the best. — It is of no consequence to what part of the Body it is applied, and it will often be necessary to change this on account of its raising Prinkles on the part. — The use of Mercury should be continued till the Bubo is reduced, and for some little time longer. —

Sometimes when Mercury has been used 3 or 4 Days the Bubo will become more inflamed you should then leave off Mercury for 3 or 4 Days and give Purgés, and apply Aë. Ammon. Ac. to the part, if you continue Mercury you will







bring on Suppuration. - In some People the  
Bubo will go on to Suppuration, in this case  
you should not use any Mercury, but give  
Bark and Wine, to forward the Suppuration  
as quick as possible, for a Bubo always heals  
sooner when brought forwards quick. -

Whenever you can perceive Matter distinctly  
formed in a Bubo, you should immediately open  
it, this is best done by the Lancet, and when  
this is done, a Poultice should be applied for  
3 or 4 Days 'till the inflammatory Symptoms are  
somewhat off, and then you should begin with Mer-  
cury. -

Sometimes a Bubo is particularly large,  
in this case you should open them early for  
you should make an opening into it before  
there is any or but very little Matter, yet you  
do good, and you may reduce the Swelling by  
Emmentations Poultices &c. not beginning the  
use of Mercury 'till the Swelling & swelling is  
very much reduced. -

A Bubo sometimes becomes very much  
enlarged and shews no disposition to Suppu-  
rate, this is in Scrophulous Habits, and you



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should not have recourse to Mercury, but order  
change of air, with a good generous Diet, and the  
size of the Bubo will often be reduced, when you  
may have recourse to Mercury. - Blisters are  
some times usefull in this form of Disease  
in reducing the size of the Swelling. -

Buboes some times become Serious, and  
are often so situated as not to allow of being laid  
open with safety, in this case a Scaton may  
be introduced, or the insertion of Cantharides  
injected, tho' laying them open is prefer'd  
if it can be done. -

It is sometimes extremely difficult to get  
a Bubo to Heal, and without any violent course  
in this case leaving off dressing entirely, and  
allowing a crust to form will frequently effect  
the cure, or a Solution of Lunar Caustic may  
be advantageously applied in many cases.

A Bubo is sometimes particularly in-  
tense and takes on a bloody disposition,  
then is frequently attended with considerable  
Hæmorrhage, and often occasions Death. -

In this case Opium given very freely is



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the best remedy, and along with this, Porter may be allowed, or Wine if it does not heat the Body or quicken the Pulse. - Bark may be given but not with so much advantage as Opium. - Locally a lotion of Nitrous Acid is the best, in the proportion of from 40 to 50 Drops to a Quart of Water, either with or without the addition of Tinct. Opii. - A hot Turbith, is often of use, either alone or joined with some Oil. The Mercurial ointment with some Extract Opii in the proportion of a Drachm to an ounce sometimes useful. - When the heat is brought into a limble state, Aq. Calais or Calomel may be used, or any other common application; The Opium should be continued. -

Phagedenic Buboes differ from the Sloughing, in destroying the parts underneath the Skin, and are attended with a Bloody, Scurvy Discharge. - Bark Wine, and good air, should be advised, and the parts dressed with a Solution of Lunar Caustic, applied with a Camellia Oil.



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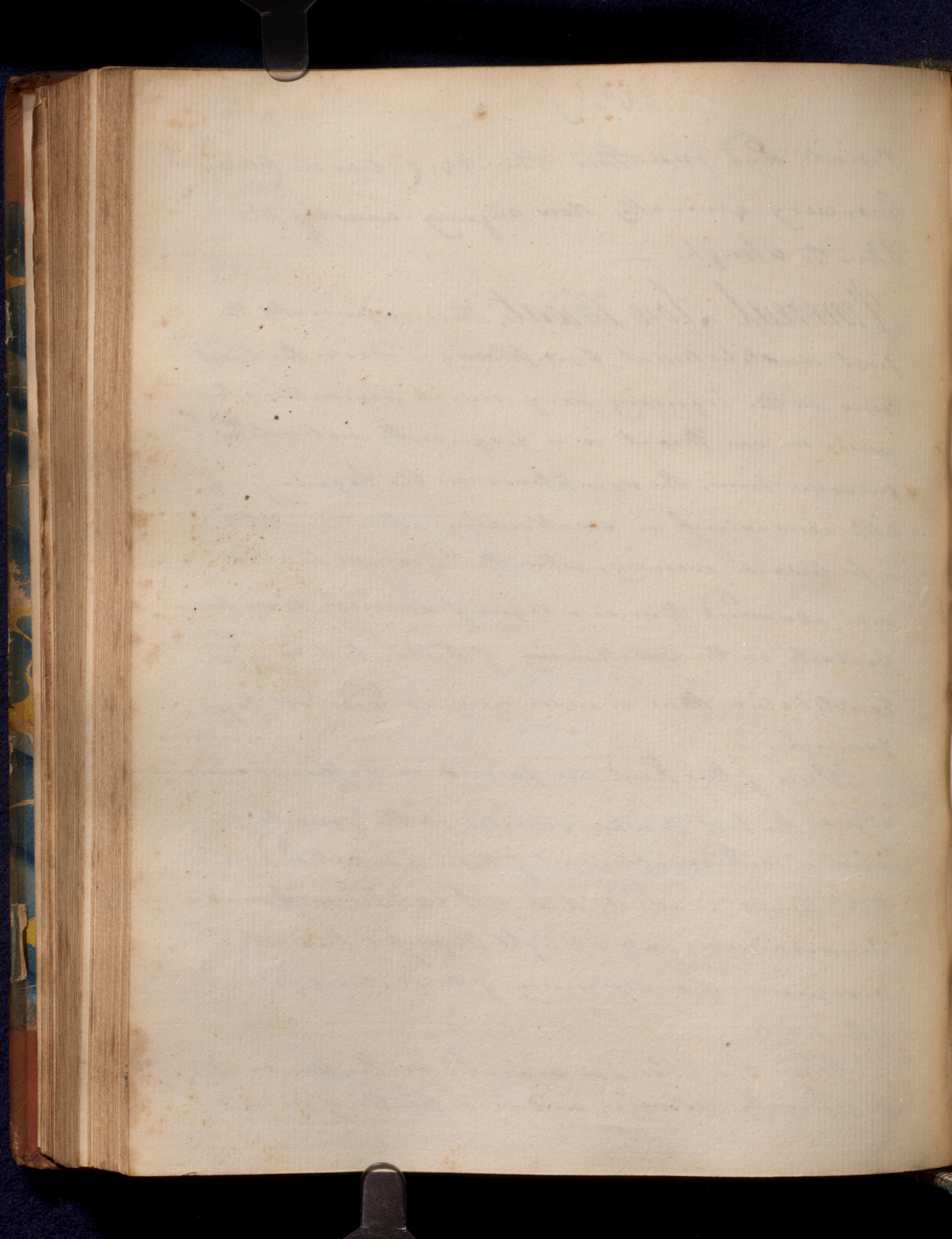
167.  
Pencil, and over this the Ag. Calais in Colours.  
Mercury generally does injury causing the  
Skin to slough. —

Veneral Sore Throat, This is generally the  
first constitutional symptom. — From the symp-  
toms in the beginning very much resembling the  
common sore throat it is frequently not noticed  
for some time, the symptoms in the beginning are  
little uneasiness in swallowing attended with dry-  
ness towards evening, when the Disease is a little  
more advanced there is a degree of soreness, more par-  
ticularly on the ~~swallowing~~ of acids, but in a good  
Constitution, there is never any considerable degree  
of soreness. —

Ulcers of this kind are found in different situ-  
ations, the best is when situated on the Tonsils, for  
when a considerable part of them are destroyed, if  
the Disease is cured, it is not attended with much  
inconvenience, only a slight dryness of the parts, in  
consequence of a deficiency of the Natural Mucous  
of the parts.

When the Ulcer is situated on the Uvula, that  
is generally destroyed, and is a matter of much







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more consequence, as in this case a portion of any fluid which is attempted to be swallowed, as rejected by the Nose. -

It is of still more consequence when seated on the Palate, as a portion of this is generally destroyed, and then the Voice becomes affected, and the fluids attempted to be swallowed are rejected by the Nose.

When situated at the back of the Fauces, the symptoms, same as in the last case are produced.

Another Situation in which Ulcers are found, is at the beginning of the Pharynx, and which cause a loss of Voice, cough and expectoration of Matter, which is sometimes tinged with Blood, giving symptoms very much resembling Phthisis, and producing considerable irritation, and in the end Death. - In one instance of this sort, a haemorrhage was brought which ended Death, by suffocation, in consequence of the Ulcer opening the Laryngeal Artery.

Treatment. - The best mode of attempting the cure is by means of Mercurial Frictions, with one exception, that is when







The Disease is destroying the parts very rapidly, in which case Sublimate is the best remedy. — With respect to local applications a saturated solution of Sublimate may be applied to the part by means of a little lint fixed to the end of an eyed Probe or by any other means, this produces a degree of Whiteness of the Parts, and causes a slight sloughing to take place, leaving the part clean, or a solution of Lunar Caustic in the proportion of Caust-Lunar.  $\text{ss}$  Aq. Rosa  $\text{℥ij}$  may be applied in the same way, or the following Gargle may be used  $\text{℥ss}$  Aq. Muriat.  $\text{℥ss}$  Aq. Rosa  $\text{℥ij}$  M. — or the Med. Aegyptiac, or what is sometimes used with advantage, Sal. Borac in fine powder, or solution. —

When there are holes formed in the Palate, it becomes necessary to stop them, if they are small, they will close themselves, but if they are larger, then an instrument becomes in the form of a Button, made of Silver, with a Piece of Lponge attached, which is pushed into the hole in the Palate, when it swells, and keeps



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piece of Silica in its place. - If the Abscess  
is in the soft Palate, no means have been ad-  
vised to remedy this, at present. -

When the Ulcer is situated in beginning  
of the Pharynx, fumigations become necessary  
as no other local application can be applied  
and they are necessary only in this situation.

Sometimes when Ulcers, whilst under a  
course of Mercury when it has been used for  
a certain length of time, instead of healing, will  
begin to spread, you should then leave off the  
use of Mercury, and have recourse to Barks  
&c. -

Eruptions. This is generally the second  
constitutional symptom of Syphilis, and from  
the frequency with which it happens is easily  
distinguished, the part where they appear  
rises a little above the surrounding skin,  
and appears of a copper colour, after some  
time a crust is formed on the part, and if  
this is taken off, a quantity of Blood Matter  
is found underneath. - The more various







from that of a Pine Head, to that of a  
Crown Piece

Eruptions most commonly make their appearance, on the scalp, amongst the Hair, next to this on the Breast, on the inner part of the arms, upon the Back, Thighs legs &c. and very seldom upon the Abdomen.

Sometimes these eruptions have a different appearance from common, resembling half a Black Cherry placed on the Skin.

Another variety which sometimes (the very seldom) occurs, is their being attended with a considerable tumor of the Cellular Membrane, this last variety is much more difficult of cure, and is frequently attended with Danger.

Mercurial Frictions are the best mode of attacking the cure, it is not necessary, and in fact is better not, to apply them to the part affected. - If from any reason you want to produce, a more speedy effect, Sublimates will answer that purpose better.

If any of the eruptions become Ulcerated







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and require local applications, the best, is the  
common, Mercurial ointment, with powdered  
opium, or a solution of Sublimete. —

DISEASES of the Bones. The Bones most fre-  
quently affected, in consequence of the Lues, are  
those of the Nose, head and extremities, less fre-  
quently those of the chest as the Sternum and Ribs, the  
Bones of the spine never. —

When the Disease affects the Bone of the Nose  
it probably first begins in the soft parts, and is  
in general seated between the Orbits. —

The first Symptom of its affecting the Nose  
is a slight uneasiness and sense of fullness, and  
on the Patients blowing the Nose, a discharge of some-  
times discharged, followed by a small quantity  
of bloody Matter, from this it appears to be seated  
first in the soft parts, tho' the Bones are gene-  
rally destroyed, before the progress can be stopped.

The cure must be pursued about in the  
common way, and as a local application, the  
Mercurial wash may be snuffed up the Nostrils,  
or a solution of Sublimete, in the proportion of one  
grain to an ounce. —

When the Os Nasi is diseased, and you







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can feel them laid bare by an excoriation,  
with a Probe, you will generally find them loose  
in which case, it will be better to take hold of  
them by means of a pair of Forceps, and extract  
them, as this will prevent, and opening being formed  
externally. —

Nodes. When the Cylindrical Bones become  
affected, they are attended with Pain of an Obdurate kind  
and which either begins, or is increased towards  
night, continuing till towards morning, when it  
abates, after this Pain has continued, for some  
time an enlargement of the Bone takes place.

This is actually an enlargement of the Bone, and  
not a thickening of the Periosteum as was formerly  
supposed. This is formed by a quantity of glairy  
matter being thrown out, under which a deposi-  
tion of Bony Matter takes place. — If this is allowed  
to go on without interruption, it will after a time  
suppurate. —

This Disease generally takes place on those  
Bones of the most dense structure, and those  
situated near the surface, consequently, more







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liable to be acted upon by the external air

Treatment. Friction is the best mode of exhibiting Mercury in this form of the Disease, and locally, the parts may be covered by a Lark Plate containing some Opium, or a Blister may be applied. - The Body should be kept particularly warm by means of flannels. -

Sometimes a Node instead of giving way to the use of Mercury, becomes more inflamed and Painfull, and would go on to Suppuration, and ruin and opening being made, and which is attended with Danger, as an opening should always be avoided if possible, to prevent this consequence, the use of Mercury should be laid aside for a Day, and a Blister should be applied to the part, after which time, you may begin the use of Mercury again. -

When Nodes are situated on the Cranium, if you make an opening into them, you will find them extremely difficult to cure, and they will generally be absorbed and disappear, under







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the use of Mercury. —

The Testicle has in some few instances become affected with the true Venereal Disease, and which will give way to the action of Mercury.

Venerical Pains. The Pains are situated in the Bone, generally near the center in the cylindrical bone, and the Pain is increased towards night, remaining severe till towards morning. — There are sometimes Pains very much resembling them, come on in consequence of the use of Mercury, but these are generally seated in the joints, and extend along the superficial Fascia, these pains are sometimes increased towards night, but not in general, they are of the Rheumatic kind.

Cure. The cure of this form of the Disease requires the use of Mercury to be continued for a much longer time than in any other form, it must be used as in other cases, the best way is byunction. —







Veneral Ophthalmia. The Pain in this form of the Disease like all others, is increased towards night.

Cure. Sublimated is the best form of Mercury in this species of the Disease, and should be used early, or a degree of opacity of the transparent Cornea, will be the consequence, occasioning permanent Blindness. —

When the Venereal Disease is taken by the finger from a wound &c. in the Mouth, it always produces a considerable Degree of inflammation, which must first be subdued before you have recourse to the use of Mercury, by means of Leeches to the Part, and by Purgings &c. Then Mercury may be used as in other cases, but should never be used till active inflammation is abated. —







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## General Remarks on the Disease, and Treatment.

The Venereal Disease is divided into its primary and secondary symptoms.

The Primary Symptoms are Chancres and Bubo. —

The Secondary Symptoms, Venereal Sore Throat, Disease of the Skin and Disease of the Bones, and their different Symptoms generally make their appearance in the order they are mentioned.

Every part of the Body is incapable of being affected with the Venereal Disease as for instance all the vital organs, the Heart, Brain, &c. and most of the internal parts. — The external glands are and not the internal, those liable to be acted upon as those of the groin and axilla, the



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Glands of the Neck sometimes are enlarged when a Person is under the action of the Venereal Disease, but this is a Scrophulous affection, and not Venereal. —

Gonorrhoea is not a Symptom of the Venereal Disease, and never requiring the use of Mercury for its cure. —

John Hunter supposed that the Venereal Disease was entirely local, only attacking particular parts in a certain way, and not thrown out by general Fever as is the case in small Pox and other Diseases of that kind, but from observation it appears to be otherwise, and that there is always a Degree of Fever before the appearance of any of the secondary Symptoms.

Some Constitutions are not susceptible of the Venereal Disease, others become so and less susceptible by repetition, till they



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entirely lose the susceptibility. — Some  
 People will become infected with Gonorrhea  
 and not with Lues. —

Mr. Hunter supposes that Women will  
 not communicate the Disease to their  
 Children by means of the Milk, but facts  
 prove the contrary to be the case. —

Matter taken either from a Bub, or  
 from a Secondary Ulcer will not produce  
 the Venereal Disease. — A Chancre is the  
 only form which can communicate the  
 Disease.

From several Experiments it is evident  
 that Matter from a Gonorrhea will not pro-  
 duce the Venereal Disease, that it will pro-  
 duce a Chancre.

Mercury cures the Venereal Disease  
 by exciting a particular constitutional  
 Fever, on this account you should always  
 enquire for this Symptom. — See some







People it is extremely difficult to bring on the proper Mercurial action, these are generally of an indolent Lethargious habit, when this is the case you should put the Patient upon a low Diet, and occasionally order Pediluvium, and the Warm Bath, in which they should continue till it produces a degree of faintness. -

Some People are particularly susceptible to be affected by Mercury, one Dose and that small frequently producing violent effects, these People should be allowed a fuller Diet, and more air; these People are generally strong in the best health, but for inevitable Habit of Body. -

In some People the Tongue becomes very much swollen, and is forced forwards out of the Mouth, there is considerable danger of its suffocating; it is owing to its being in







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a dropical state, this may be relieved  
by passing a Piece of Gause round the head  
so as to press upon the Tongue, this will keep  
it in, and at the same time slow the Water  
to be evacuated. —

In giving Mercury the object is not to  
produce a violent effect, but to wh a conti-  
nued action for a length of time. —

When Mercury produce a sudden and  
violent effect, it should not be entirely laid  
aside, but only used more moderately, to  
keep up the regular Chain of action, and which  
should be continued a Week or ten Days after  
all the Symptoms have disappeared.

The Mouth becoming effuted is not a  
sign of its producing its full effect, & yet  
there are other Symptoms along with it. —

When the Disease is rather early Disappears  
after the use of Mercury has been resorted



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to, the disease is found more frequently to return, than when this is produced a other cause, therefore when this is the case should if within advise it to be continued 5 or 6 days longer than common. —

Mercury should never be employed whilst there is any active inflammation, and if this comes on during its use, it must be laid aside for a time. —

If Mercury causes a profuse perspiration, it should be laid aside for a time, and the constitution strengthened. — If it affects the Bowels causing Purgings, this may be relieved by a Rubac Purg, or by a warm Ointment.

If it produces much Irritation, its use must be laid aside for a time. —

When a considerable Salivation is brought on, with its acting constitutionally, the Mercury should be laid aside and the body sh.





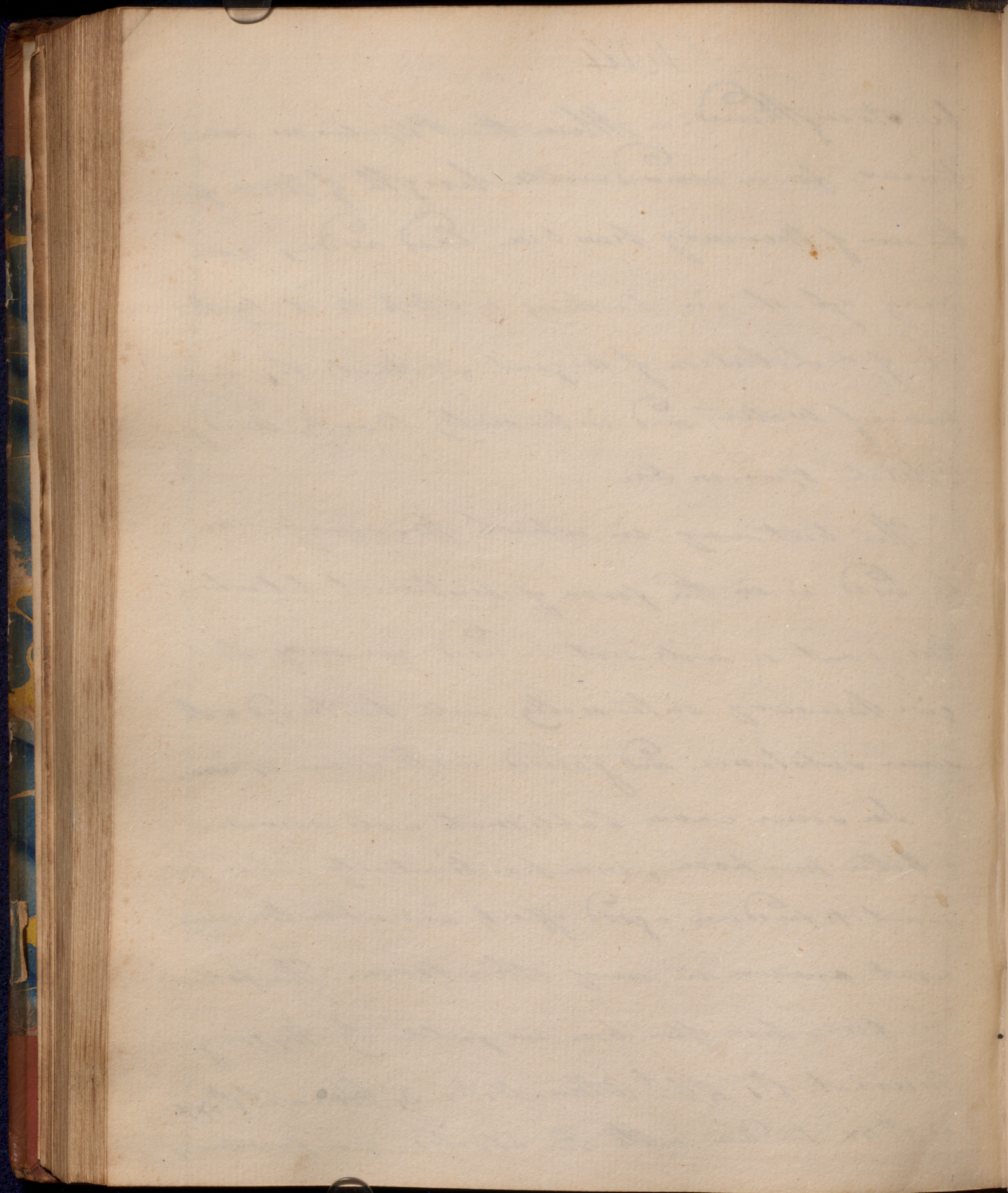


be strengthening. - When the Ptyalism continues, for a considerable length of time after the use of Mercury has been laid aside, you may assist in putting a stop to it by the use of a Solution of Argent. Nitrat.  $\mathfrak{ss}$  to an ounce of water, and internally Bark, Acid of Vitriol, Opium &c -

The best way in which Mercury can be used, is in the form of ointment, but where this can't or will not be used, you may then give Mercury internally, well triturated with some substance, and joined with some Opium.

In some cases Sublimated will answer a better purpose, more particularly when you want to produce a good effect, and when Mercury won't answer in any other form. - The following form has often been useful by Hydrag.  
 Mercuriat.  $\mathfrak{ss}$  of  $\mathfrak{ss}$  of the Nitri.  $\mathfrak{ss}$  of the Acids  $\mathfrak{ss}$  &c  
 ad  $\mathfrak{ss}$  to be used, with the addition of a few Drops







of the state of Opium. - I will mention another form of Mercury which has succeeded when many others produced bad effects,  $\mathcal{Z}$  Opie Colat.  $\mathcal{Z}$ ; Aq. Vin. Rect. Ather Nitrol. a  $\mathcal{Z}$  ss. Menth. Pih.  $\mathcal{Z}$ ; Mercur. Corros. sublim.  $\mathcal{Z}$  solve this in Aq. Vin. and add Catena, probe Mist. Soc.  $\mathcal{Z}$  xviij bis ter die. -

Acid. Nitros. has in some cases been of service, when the constitution is much broken down.

Besides the symptoms of Lues already enumerated, there frequently many others which on account of their not being regular are called anomalous symptoms, and which under such different forms as render it impossible to give a proper description of them. -







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## Wounds of Arteries.

The Symptoms which indicate an Artery being wounded, are a flow of Blood, not in a regular Stream, but per saltim, the Stream is not interrupted, but only has a degree of motion each time the Heart contracts. —

If the Artery is of any size then is very soon a degree of faintness produced, with considerable interruption of the Breathing, and which is of considerable use in putting a stop to the Haemorrhage, by interrupting the freedom of circulation, more particularly thro' the Lungs.

If the size of the Vessel is not large, nature will effect the cure by means of the Artery contracting, (not only at the Part, but to when it is given off in dimensions, and by its retracting, within the surrounding cellular Membrane, in this way forming a Sac, in which a Coagulum is formed, which preserves the sides of the Artery







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together, and by the formation of a Coagulum, with-  
in the extremity of the Vessel, but this must be  
done after the other two have taken place, as it can-  
not be done till the Blood is prevented from escaping.

Then is then a process of inflammation takes  
place, and coagulable Lymph is thrown out, which  
glues the Coagulum to the inner Surface of  
the Vessel, the part becomes vascular, and then  
the end of the Artery is completely closed. -

When ever the Cavity of an Artery is once  
obliterated, it can never be again regenerated, then-  
for the Circulation must be carried on by  
means of anastomosing Branches, which are  
in all parts of the Body, so numerous, that  
you need never be in fear of the circulation being  
carried on, by them, when you tie any Artery  
you are able to come at. -

If the internal Carotid Arteries are obli-  
terated, the circulation will be carried on by the  
intervertebral Arteries. -







If the Subclavian Artery is obliterated, the circulation, will be carried on by the Super Scapular Artery. -

The Axillary Artery, must of course be still left consequence, and the Brachial Artery still left &c. -

The Ao to Descendens has never been completely obliterated, tho' its diameter has been found very much diminished, and the circulation was found to have been chiefly carried on by the intercostal Arteries. -

The Artery may be tied as it passes out of the Body, under Poupart's Ligament, and the circulation to the lower limb carried on by the Vessels of the back of the Thigh from the internal Iliac. -

When the Femoral Artery is obliterated, below the Profunda, the circulation is carried on by that Artery. -

An Artery has a much greater dispo-







tion to Bleed, when divided by a cutting instrument, than when torn in two. -

From several experiments made on animals, it appears that when an artery is divided by laceration, that the artery is torn in two much shorter, than the surrounding cellular substance, which forming a kind of cavity, allows a Coagulum to form, which closes the divided extremity of the Vessel, and prevents it from bleeding. -

If an artery is partially divided, it is often very difficult to stop the Haemorrhage and which is a cause of considerable trouble in Wounds. -

When an artery is punctured, a Spurious aneurism is produced, & if the Puncture is very small in which case it will sometimes close again. -

Treatment. In wounds of Arteries the first thing to be attended to is stopping the Haemorrhage, if it is either lower or upper



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Extremities a Tourniquet may be applied, or if it is the upper Extremity, it may be done by passing a strap over the first Rib, by the bow of a key, or any thing of a similar shape. — If it is the lower Extremity, the Artery may be completely compressed at the Groin. — The Brachial Artery may be compressed by the Finger at the middle of the Humerus. —

If the Brachial Artery, is wounded at the lower part, after having stopped the bleeding, you must then make an incision on the inner side of the Biceps, about 2 or 3 Inches long, down upon the Artery, and pass a Ligature round it, including a small portion of Cellular Membrane in it as no large Artery should be tied without this precaution, or by passing the Ligature thro' the Vessel after it has been tied. — In tying an Artery you must take care to avoid including the Nerve along with it. — When the Artery is of a large size, you should secure







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both the lower and upper portion of the artery, as Bleeding may take place from the lower portion by the anastomosing Branches. —

If the Artery on the Head is completely divided, no Ligature is ever necessary. —

When the Carotid Arteries, either one or both are completely divided, death takes place so instantaneously, as to prevent any thing being done, but if it is only wounded, it may be secured by a Ligature, as has been the case in one instance, and the Patient recovered. —

The Subclavian Artery has been secured under the Pectoral Muscle, and the Patient recovered. — To find the Subclavian Artery in this place, you should make an incision from opposite the middle of the Clavicle, towards the Axilla, along the direction of the fibres of the Pectoral Muscle, thro both which it should extend, and you must take care not to in-







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clude the Nerve or mistake it for an Artery.

An aneurism has been produced at the lower end of a divided Artery, by Anastomosis.

The Femoral Artery is sometimes opened by a Bulb at the Groin, and it must then be attempted to be secured by a Ligature.

If the Femoral Artery is wound a little below the Groin so that the Ligature would be within half an Inch of the part where the Profunda goes off, it will be better to tie the Artery above the Profunda, than in that part, as it being so near where the Blood will be passing, it will prevent a Coagulum being formed, and Hemorrhage will take place. —

When the Femoral Artery is wounded near the Knee, it will be better to make an incision on the inner side of the Satis, the same as in the Popliteal aneurism. —

The Popliteal Artery lies exactly under the Popliteal Nerve, about  $\frac{1}{2}$  an Inch, which you must take care to avoid. — To secure the Popliteal







rior Tibial Artery at the lower part of the Leg, you must make an incision on the inner side of the Tarsal Arteries. — It is the most difficult to include this Artery in a Ligature at the upper part of the Leg, where it is covered by the Gastrocnemii; the best way of doing this is to cut the Gastrocnemii transversely half way across, from the inner side, and this way show the Artery in the divided muscular fibre with contrast. —

In a case when it was necessary to secure the Artery at this part, in the Bristol Infirmary a Ligature was kept thus the back of the Leg, and tied both ways, in is certainly very convenient, but in this instance succeeded. —

The Anterior Tibial Artery is easily secured at the lower part, but with much difficulty, at the upper part of the Leg. —

When the interosseal Artery is wounded, it will be necessary to saw thro' the fibula, as well as divide the soft parts, as was done by Mr. Hay of Leeds.







## On Wounds.

A Wound is a sudden separation of the Skin by Violence. —

Wounds are divided into four different kinds namely the Incised, lacerated, Contused, and Punctured Wound, which we shall speak of separately as the treatment, in each will be different. —

Incised Wound. In this species there is a crevice or laceration of Blood according to the size of the Vessels divided. — The first consideration to be attended to is to stop the progress of the hemorrhage, and which is best done by means of pressure, if possible, if not the Vessels must be included in Ligatures, tho' there always in some measure prevent the union by the first intention, and therefore should not be used when the cord can be answered without. — When you have effected the suppression of the hemorrhage, the coagulated blood should be scraped away, and the edges of the wound brought in contact as near as possible, and the wound







will frequently heal without the formation of Matter, this is called Union by the first intention. - This process is effected by a Degree of Inflammation taking place, a quantity of Coagulable Lymph is thrown out which glues the two edges together, the Vessels of these parts become elongated and shoot into this substance which becomes this way vascular and regularly organized, and in this way the two parts become united. -

When a part is divided, that part becomes again united by the same kind of substance as it is formed of, thus there are some exceptions to this Rule, for if a muscle is divided, that becomes united by means of Tendon, if a gland is divided it becomes united by a different substance from that of which it is formed, if the Cartilages of the Ribs are divided, they are united by means of Bone. - There are the only parts which form exceptions to the Rule before mentioned, for if a Nerve is divided it becomes united by Nerve, and the same with other parts. -



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Union by the first Intention will take place between the soft Parts and Bone, tho' not with the Cartilages of Joints, which should be attended to in Operations, to leave as much of the Articulations as will unite over the part, this was known to the old Surgeons, who always cut off a portion of the Cartilage to allow of Union.

Parts which are very near divided of course will again unite by the first intention if immediately brought in contact, a striking instance of this is in the custom which prevails in the East Indies amongst the Nations when from having the Noses cut off by way of punishment, make Artificial ones by cutting a portion of Skin from the forehead, leaving only a small portion unseparated, at the part between the Eyes, then they bring round and by making a new scarface when the edges of the Nose are situated, they procure an adhesion by covering the Parts with some ointment, to keep them in contact.



1841  
Dear Mother  
I have just received your letter of the 10th inst. and was  
glad to hear from you. I am well and hope this finds you  
the same. I have not much news to write at present.  
I am still in the same place and doing the same work.  
I have not much time to write at present. I must close  
for this time. I will write again soon. I am  
your affectionate son  
John Smith



Parts that are entirely separated will sometimes unite again, except the Part is Bone.

There are two modes of procuring their adhesion, one is by means of adhesive Plaster and Bandage, the other way is by means of Suture. — In all wounds of the Face, the Suture is necessary, and in all angular wounds of other parts, and in transverse wounds of the Extremities. — In the division of a Muscle, it is better not to pass the Ligature thro' the Muscular Fibres, but only thro' the Skin and Cellular Membrane.

In applying adhesive Plaster, there should be a small space left between the strips to allow any fluid to escape, and this should likewise be attended to in the application of a Bandage. —

In all wounds (except in case where there is a Poison lodged) Union by the first Intention should be effected if possible, and for this Purpose you should always avoid removing the first dressing as long as possible, for doing



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this will often prevent success. - When there are a number of absorbent vessels divided, the chance of Union will often be prevented. -

Ligatures always in some measure prevent this, and therefore should never be used except actually necessary. -

Another circumstance which frequently prevents this taking place, is the Patient being of an inveterate Habit of Drury. -

When there is a Poison introduced the part should be immediately cut out, and then a caustic applied. -

Lacerated Wounds. The Treatment of Lacerated Wounds is very much the same as in cleft Wounds, except there is a lodgement of any extraneous substance, in which case that must first be removed. - In Lacerated Wounds very seldom Blood runs from the cause before mentioned, and in these Union by the first intention is not so certain, but there is generally a formation of Matter, Union taking place by the second Intention, or by Granulations. -







Contused Wounds. In contused Wounds there is generally a destruction of parts, therefore Union by the first intention can't take place, and there is generally a sloughing or local Mortification, which is attended with a considerable degree of Inflammation. -

In this kind of Wound Leeches applied to the part may be useful, or Warm Fomentations and Poultices. - The Nitric acid in form of Wash will often be useful in the proportion of from 40 to 50 Drops to a Quart of Water. -

Punctured Wounds. Punctured Wounds produce their ill effects by means of the Nerve System and the Absorbents. - In punctured Wounds a degree of Inflammation is produced which extends along the Absorbents to the Glands, causing induration and a high degree of irritation and even and in some instances Death. - In case of a Gun Wound, death took place in 38 hours after receiving the Wound. - Wounds of this kind are often received in opening Bodies and in Dissection, and have been supposed owing to the



18th March 1844. To the  
Honble Secy of the Admiralty  
Whitehall. I beg to inform  
you that I have the honor  
to acknowledge the receipt  
of your letter of the 14th  
inst. in relation to the  
proposed alterations in the  
regulations of the Navy  
and to beg to inform you  
that the same have been  
forwarded to the Admiralty  
for their consideration.

I am, Sir, very respectfully,  
Your obedient servant,  
J. B. [Signature]  
[Name]  
[Address]  
[City]



introduction of some putrid Matter, but it is a question whether this does not entirely depend on the particular form of the Wound, made in a particular constitution of the Body, if it does arise from the introduction of Putrid Matter it is in the first stage of Putrescence, for it is observed more frequently to follow the opening of Boies, in consequence of the Fingers being wounded with a Needle.

Wounds of this kind are frequently dangerous from causing suppuration in the Absorbent Glands which cause very large Abscesses.

The treatment in Wounds of this kind is to dilate the Wound so as to render it an <sup>6</sup>inifid one, and break Passage of Extract. (either, or Calomel. should be given, and the part should be fomented and Poulticed, or Leeches may be applied, with great advantage. — If any of these Symptoms arise in an inifid Wound, the Surface should be destroyed by means of Lunar Caustic. —

Much injury has frequently been done in Wounds of this kind from the Idea of their being owing to Putrid or Venereal Matter, and on which account Wine or Mercury given as



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one or other of these was supposed to be the cause, but the Disease is inflammatory, and should be treated as such. -

Wounds of the Nerves. The consequences which are commonly supposed to arise from Wounds of the Nerves, and supposed to arise from their being primarily affected, but this admits of a Doubt, as the same kinds of Symptoms, namely, Spasms, Locked Jaw &c. often arise from a Wound of a Tendon. - The time at which these Symptoms come on after the receipt of the Wound is very various, and the most frequent is between the first and second week, tho' frequently much later.

The means which have been used in Locked Jaw are various, and as several have been fairly tried and have been found of no use I will mention those which have failed and those which have been used with success. -

The Warm Bath has never afforded any permanent relief. -

Opium, has never produced any good effect  
The Tobacco Glyster never found of Service.  
The Stimulating plan the same. -







Mercury from experience found to be useful.

Digitalis the same. —

Eruption is of no service when once the symptoms have taken place.

The Cold Bath has been found of service or what is much better and more convenient cold affusion. —

Tinctura Ferri Muriat. has been of service.

Sal. Martis has likewise been useful. —

In some cases of Trismus, a Blister applied to the back part of the Neck has been of service without any other assistance.

Universal Shaking and Death may be brought on without locked jaw being succeeded, in this case Cold affusion, and Tinctura Ferri Muriat, are advisable. —

When a large Nerve is divided, the consequence is a loss of Motion and Sensation, the Limb becomes colder, and shrinks in size.

Nerves of the size of the Radial will re-



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recover themselves in about 3 or 4 months. The  
 Sciatic Nerve at the lower part of the thigh, in  
 an instance recovered its functions in 7 months.

If the division is higher up, a longer time is  
 required, than accident happened to the Polish  
 General Kosciusko. —

If a large Nerve is included in a Ligature  
 it generally occasions Death, and there is conside-  
 rable danger when included in a Ligature in  
 Amputations. —

When a Nerve is partially divided the  
 recovery takes place much sooner than when  
 completely divided. —

Wounds of the Throat. In speaking of  
 wounds of the Throat it will be necessary to  
 divide them into three situations, as the cir-  
 cumstances are different according to the si-  
 tuation. — The whole length from the Sternum  
 to the Larynx is 9 In. and shall divide them in-  
 to three equal parts. — I shall in the first  
 place mention wounds occurring in the  
 upper of these divisions. —



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Wounds of the Throat are most common in this part, taking place from people attempting to destroy themselves, in this case the wound either passes into the Root of the Tongue or into the Pharynx. -

The Symptoms are a discharge of Blood and Air in a kind of froth, and any fluid which is attempted to be swallowed goes out thro' this opening.

Treatment. If any Artery is bleeding that should be first secured by a Ligature and then the wound cleaned, the edges of the wound should then be brought in contact by means of sutures before thro' the skin only and by bringing the Head forwards, with the Chin to the Breast. - The Sutures may remain in the wound about 5 or 6 or 7 Days.

Food should be withheld as much as possible, and when given should be in a solid, rather than fluid form. -

This wound is not in itself mortal, tho' the Patients often die from Delirium. -







Wounds which are situated in the second or middle 3 In. of the Throat, penetrate into the Larynx, either thro' the Thyroid or Cricoid Cartilage. —

The Symptoms are air passing in and out thro' the opening, with a loss of Voice except the Wound be closed, and the food whether Solid or fluid passing into the Stomach as if there was no wound.

Treatment. The edges of the wound should be brought nearly in contact tho' not quite leaving room for air to escape, or Emphysema will be the consequence, this should be done by suture, and deepening the Clin.

If the Thyroid Cartilage is wounded it exfoliates like Bone.

Wounds in the lower division or within 3 In. of the Sternum pass into the Trachea.

Symptoms. These are the same as in Wounds of the Larynx, but attended with much more danger on account of the large



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Debris which go to and return from the Thyroid Gland, as the Blood with life into the Trachea, and cause suffocation. —

Treatment. The Hemorrhage should first be completely stopped, before any thing more is attempted, then the parts should be brought in contact by means of ligatures, which sh<sup>d</sup> pass thro' the Skin and Cellular Membrane covering the Trachea, but should not be lig'd thro' it, and the Head must be brought forwards, and secured. —

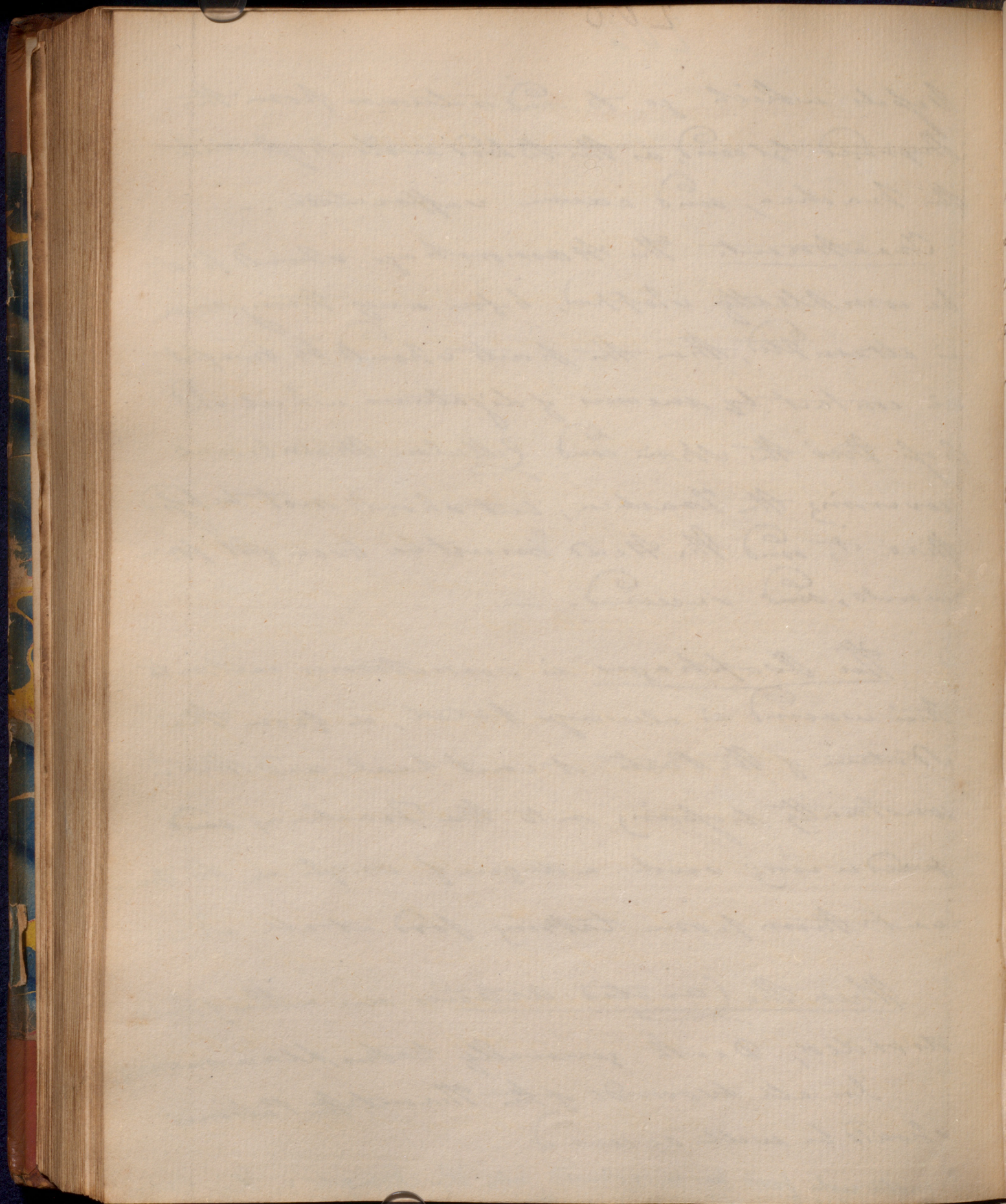
The Esophagus is sometimes cut into this wound is always fatal, & from the Nature of the Parts it can't heal, and then is constantly passing into the Trachea, and producing such a degree of cough & the pain as to prevent them from taking food at all. — ?

When the Carotid Arteries are either of them divided, Death generally takes place instantly.

In all wounds of the Throat the Patient should be well secured. —

? might not food be introduced into the Stomach in this case







## Wounds of the Abdomen.

Wounds of the Abdomen are of two kinds, one of which is attended with much more danger than the other, one is when the Parietes of the Abdomen alone are wounded, the other when the internal parts are wounded too.

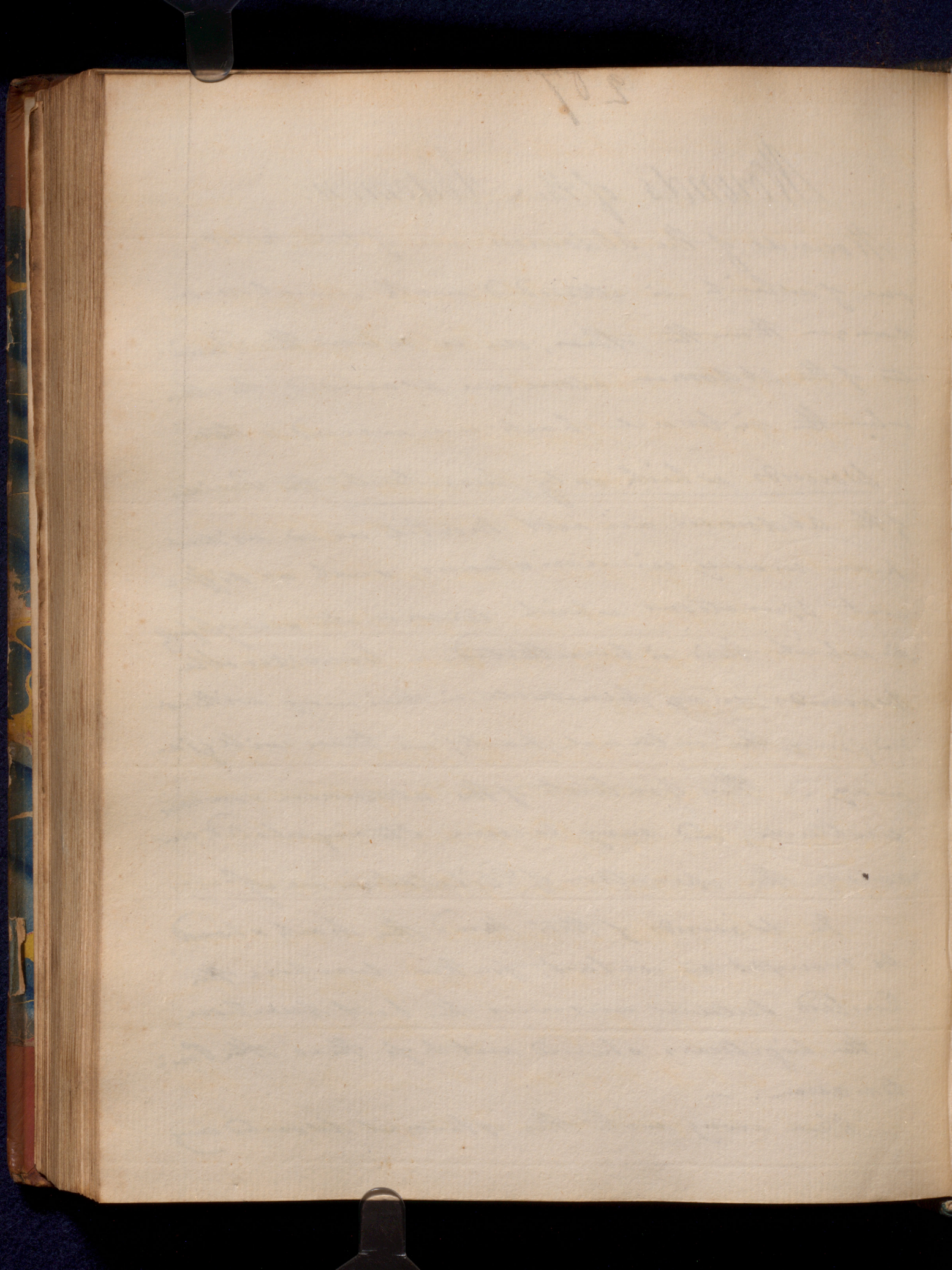
Wounds which only penetrate the Parietes of the Abdomen are not mortal as is evident from many circumstances, such as different operations which terminate successfully in which this is ascertained. - Considerable Wounds may penetrate in this way without injuring the internal parts; as there will give way. - The Contents of the Abdomen sometimes protrude, and may become strangulated, rendering the operation of Dilatation necessary.

In Wounds of this kind the parts should be brought in contact, for this purpose the Quilled Suture answers the best purpose.

The Ligatures should not pass thro' the Peritoneum. -

When along with the external Wound any







of the internal parts are wounded, it is  
 then of much greater consequence, and  
 any of those parts contained in the abdo-  
 men as the Liver, Stomach, Intestines  
 may be wounded. — Shall begin with  
 wounds of the Stomach. —

Wounds of the Stomach are not so dan-  
 -gerous, as wounds of the Intestines, as is  
 evident from many facts, one of which  
 is that openings have been made into the  
 Stomach to extract foreign Bodies which  
 could not be expelled by Vomiting, and the  
 Patients recovered. —

Symptoms. — When the Stomach is wounded  
 there is very great depression of strength, and  
 anxiety, with depressed Pulse, Vomiting of  
 Blood, and a Discharge of Blood mixed with  
 the contents of the Stomach thro' the wound.

Treatment. If the contents of the part are  
 not heaving by the opening the wound sh<sup>d</sup>  
 be closed, but if they do it should be left  
 open. — No food should be given by the



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Mouth for the first 10 Days, but the Patient should be nourished by means of Glysters in which from one to two Drachms of  $\text{R}^{\text{e}} \text{Opii}$  are added, after their time Light Jellies and Broths may be given for a few Days, after which time Solid Food may be allowed. - To allay the Thirst the Lips and Mouth may occasionally be moistened. -

## Wounds of the Intestines.

When the Intestines are wounded, if they do not protrude, at the wound, that is the portion of Intestine wounded, it is always mortal, from the contents of the Intestines exuding into the Cavity of the Abdomen, causing a very high degree of inflammation, and Pain, Death generally taking place within 10 or 12 hours after the accident.

In this kind of wound nothing can be done by Surgery. -

Sometimes, if the wound is particularly small so as not to allow any thing to escape into the Cavity of the Abdomen, the Patient may recover.



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When the Intestine is wounded ~~two~~ <sup>two</sup> ends  
at the opening, the Patient sometimes recovers.

If the Intestine is divided transversely ~~of~~  
different modes of Treatment have been recommended  
one way is, and which is advised by John Bell,  
to bring <sup>the</sup> lower portion of the Intestine over the  
upper by means of a single Ligature, thro'  
the Intestine opposite the Mesentery, but this  
can not be done, for when the Intestine is di-  
vided, its Muscular coat contracts, curling  
it outwards. -

From experiments made upon Animals,  
the best way is to bring the divided ends  
together by means of three Ligatures, if these  
Ligatures are cut off close to the Intestine,  
they will make their way into the Cavity  
of the Intestine and be expelled by the Anus,  
tho' it is best, to leave the Ligatures out at  
the wound. -

When the Intestine is wounded longi-  
tudinally, it is much more dangerous, in  
this case, it is best to take out the wounded  
portion, and reduce it to the state of trans-



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were wound, and then bring the ends together by means of three or four sutures. —

Wounds of the Liver. — If the wound is small it is not mortal, but if large it is so, from bleeding into the Cavity of the Abdomen. — The Patient should be kept at rest, and upon a low Diet. —

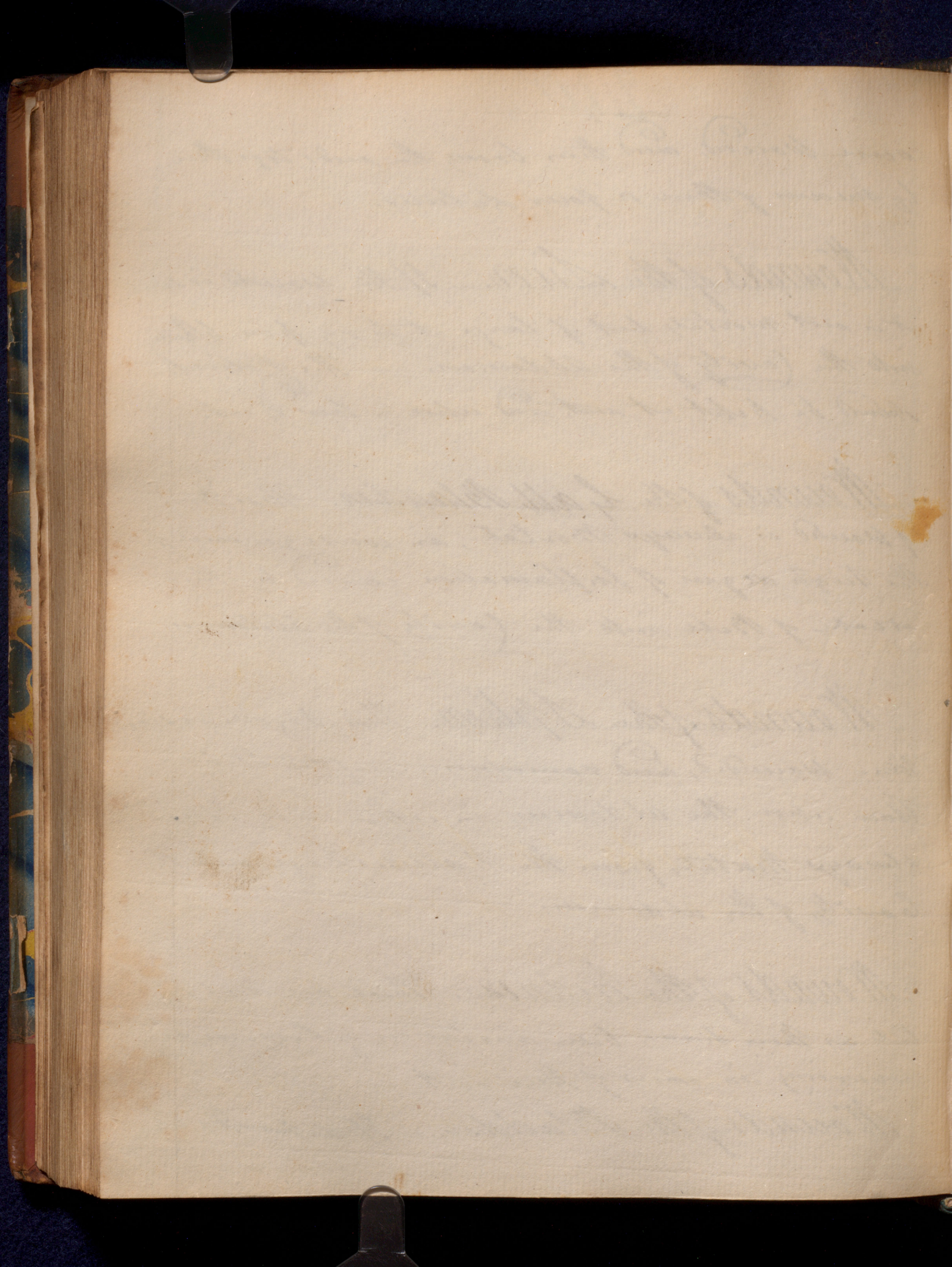
Wounds of the Gall Bladder. This kind of wound is always mortal, in consequence of the high degree of Inflammation caused by the escape of Bile into the Cavity of the Abdomen.

Wounds of the Spleen. This Organ is sometimes wounded, and sometimes ruptured by a blow upon the Abdomen, in either case it is always mortal, from the Hemorrhage into the Cavity of the Abdomen. —

Wounds of the Kidneys. These are not mortal as there have been instances of Persons recovering in cases of this sort. —

Wounds of the Bladder. — It depends upon







the point where the wound is made, whether  
above or below the reflexion of the Peritonaeum  
that these wounds are or are not Mortal, -

If the wound is in that part towards the  
fundus above the reflexion of the Peritonaeum  
they are Mortal from the escape of Urine  
into the Abdomen, but if below that part  
they are not Mortal. - In this last case  
a catheter should be introduced, and which  
should remain in the Urethra, to keep the  
Bladder always completely empty, for several  
Days. -

## Wounds of the Chest.

There are three kinds of the Abdomen of two kinds  
that is, when the internal parts along with the  
external are wounded, or when the external  
only are injured. -

Shall first mention those in which the  
external parts only are wounded. -







Symptoms. - Difficulty of breathing, air passing in and out of the Wound, and if the Wound is large, a portion of the Lung, is forced out at the opening, during expiration. -

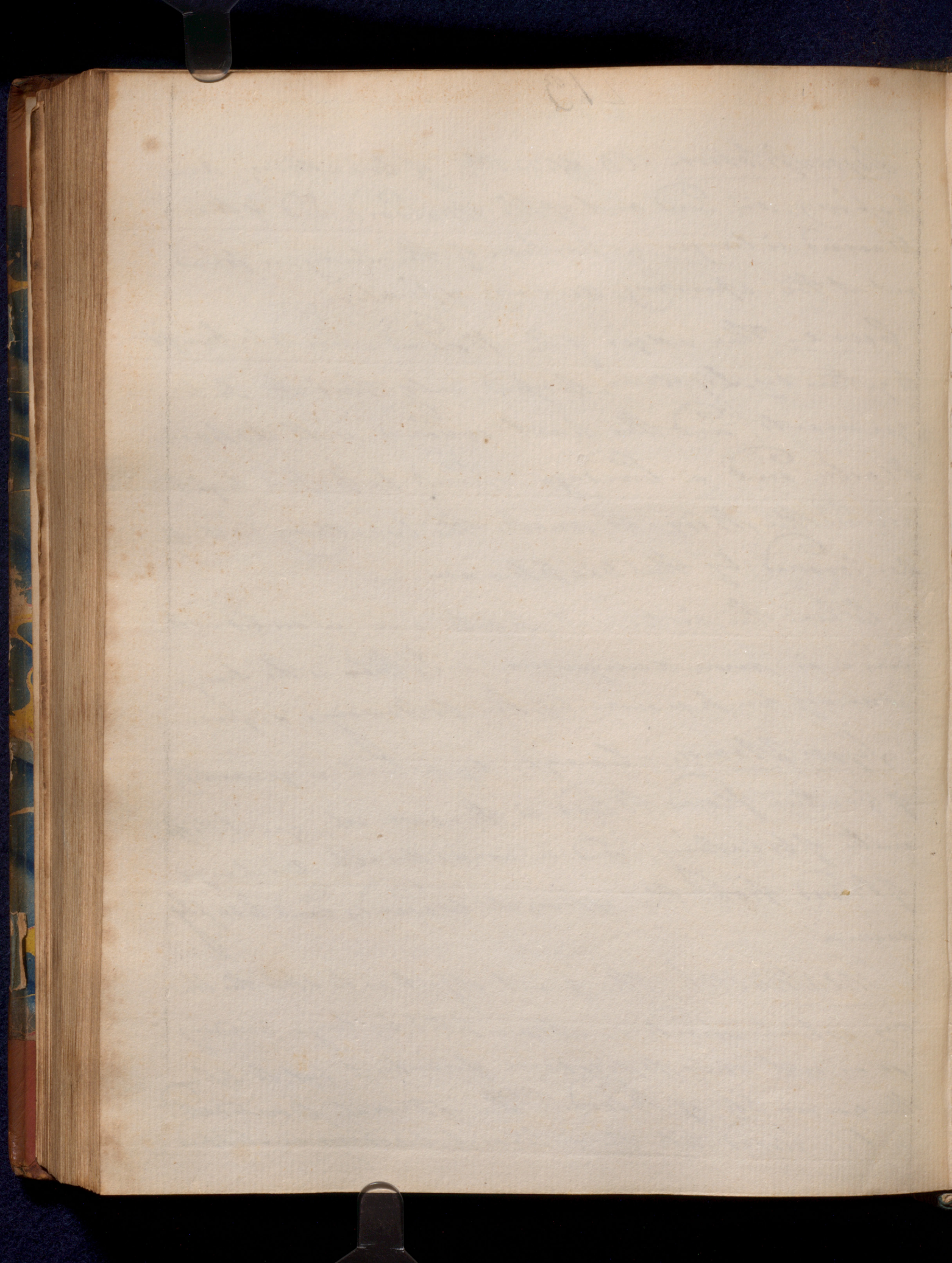
Cure. The edges of the Wound should be brought together by Ligature, bared only thro' the Integuments, and the heart covered with Adhesive Plaster, and a Bandage should be applied tight round the Body to make the breathing be chiefly performed by the Diaphragm. -

When the internal parts are wounded the case is more dangerous. - If there is the Lung, it may be known by the following signs.

Symptoms. - Cough, by which a quantity of frothy fluid Blood is thrown up, great difficulty of breathing, and a considerable Discharge of Blood from the external wound, and Emphysema

Treatment. The first object is to stop the bleeding, which should be attempted by large bleeding so as not only to produce faintness, but to deplete the quantity of Blood. - The external wound should not be closed till the internal bleeding is stopped







which should then be done in the way before men-  
tioned, but you should never be in haste to do  
it. — A Patient with a wound of the lungs  
may go on well for 3 or 4 days, and then dan-  
gerous symptoms come on from two causes,  
one of which is Inflammation coming on in the  
Substance of the Lungs, the other is bleeding going  
on internally, after the external wound is closed.

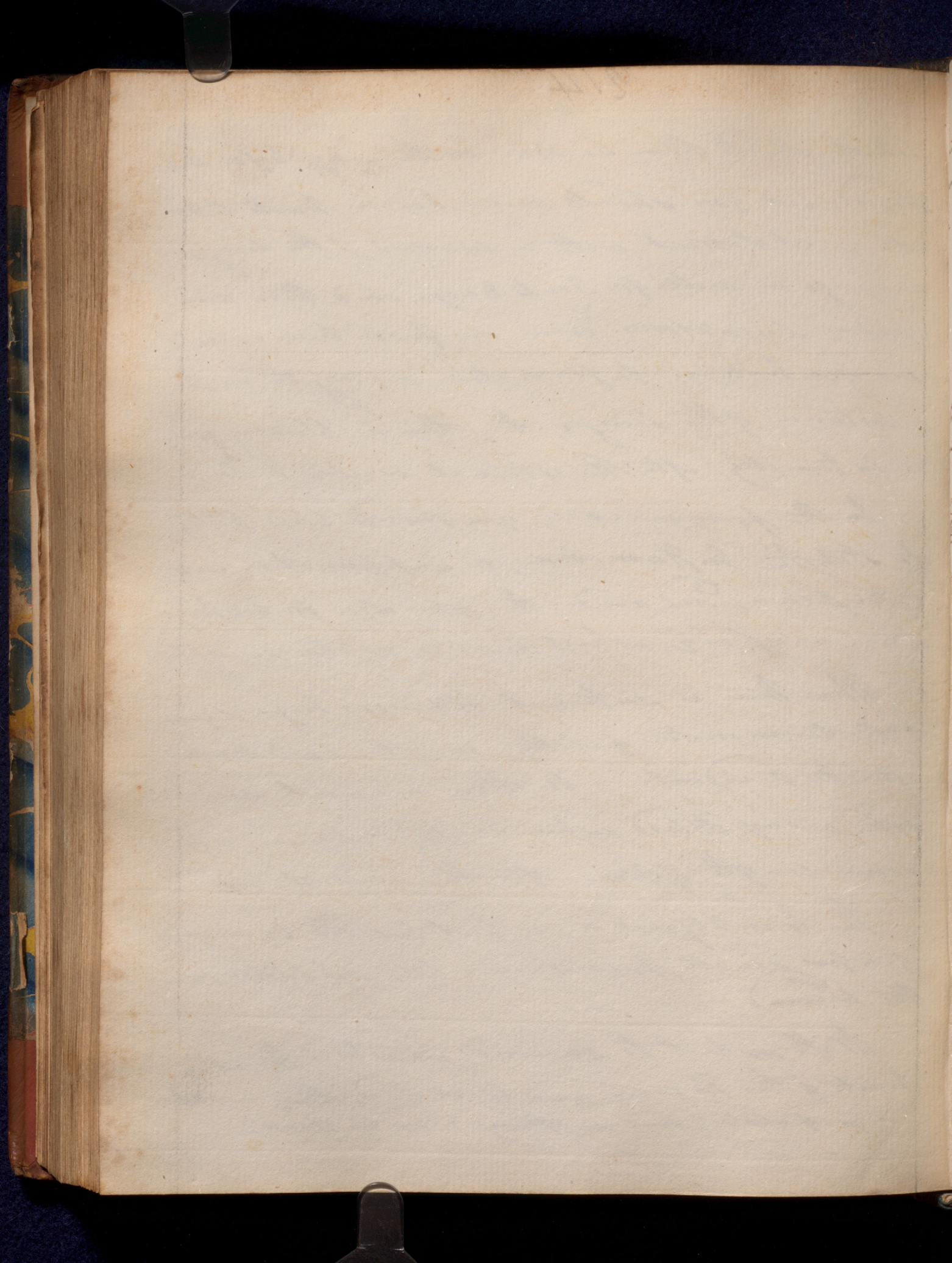
In the former case, you should bleed freely  
to stop the Inflammation, or Suppuration, with  
taste plain, and render the operation for Con-  
sumption necessary, which is very seldom successful.

When there is internal Hemorrhage, it gene-  
rally terminates fatally, may be 2 or 3 weeks  
after the accident. — In this account you sh<sup>d</sup>  
take away Blood whenever the Pulse rises, for  
some length of time after the accident. —

The Empyema is best treated by means  
of a few small punctures a little distance from  
the wound. —

With respect to wounds in which the outer  
parts of the Thorax are wounded, they are al-  
ways fatal, and nothing can be done. —







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A wound of the Heart does not always occasion instant Death, as Patients have lived for some hours, after an accident of this kind.

## Wounds of the Joints.

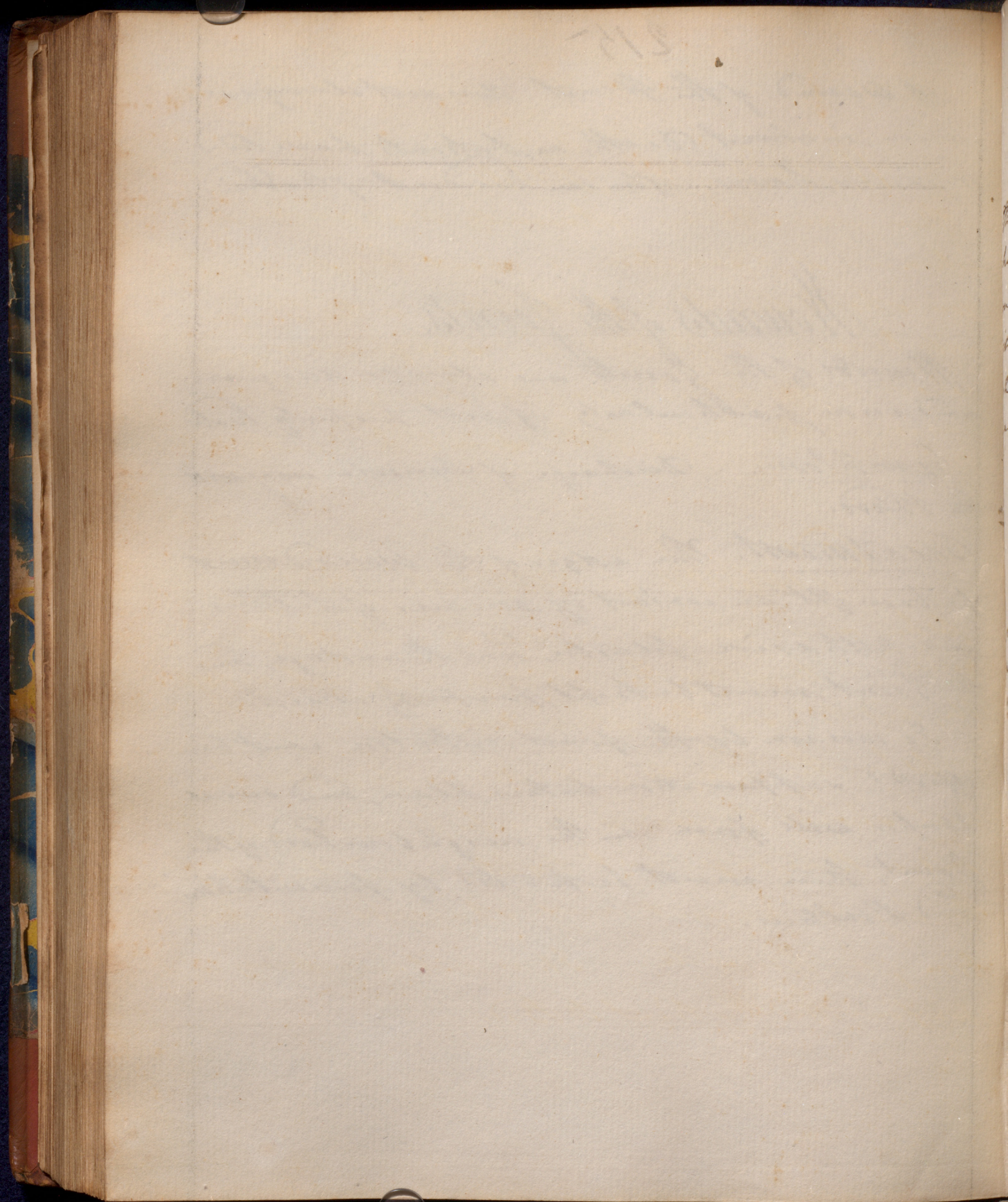
Wounds of the Joints are always dangerous and more particularly if not properly treated.

Symptoms. - Discharge of Synovia along with the Blood.

Treatment. The edges of the wound must be brought in contact by means of Sutures, and adhesive plaster, and Bandage, and the Joint must be kept perfectly at rest.

If union by the first intention can't be effected, suppuration takes place, and some Abscess will form in the neighbourhood of the Joint, then must be treated by fomentations and Poultices. —







## Wounds of the Throat. -

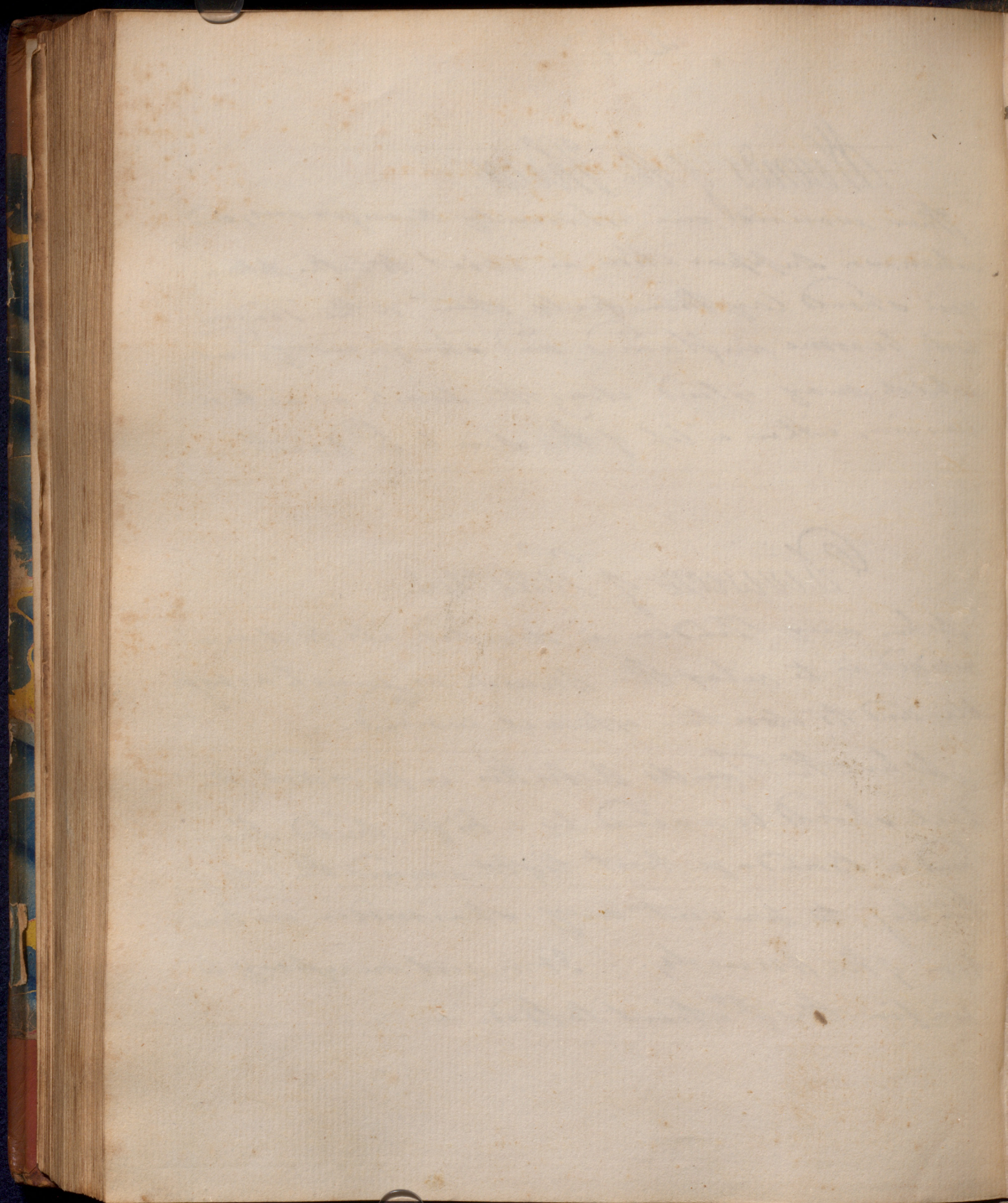
These wounds are extremely dangerous, and whenever Suppuration is about to take place you should lay them freely open, or the Tendons will become inflamed and slough away, and which may extend along the Limb, so as to occasion, either a loss of the Limb or Death. -

## Division of Tendons.

When any Tendon is divided, all that is required is to relax the Muscle as much as possible, and to close the external wound. -

When the Tendo Achillis is divided, the heel should be raised by a high heel'd shoe, and a Bandage put tight round the calf of the Leg, to prevent any spasmodic contraction of the Muscle. - It is not necessary to confine the Patient to Bed. -







## Fractures in general. —

*Symptoms.* — New motion in the Part, Alteration in Figure, and Crepitus. —

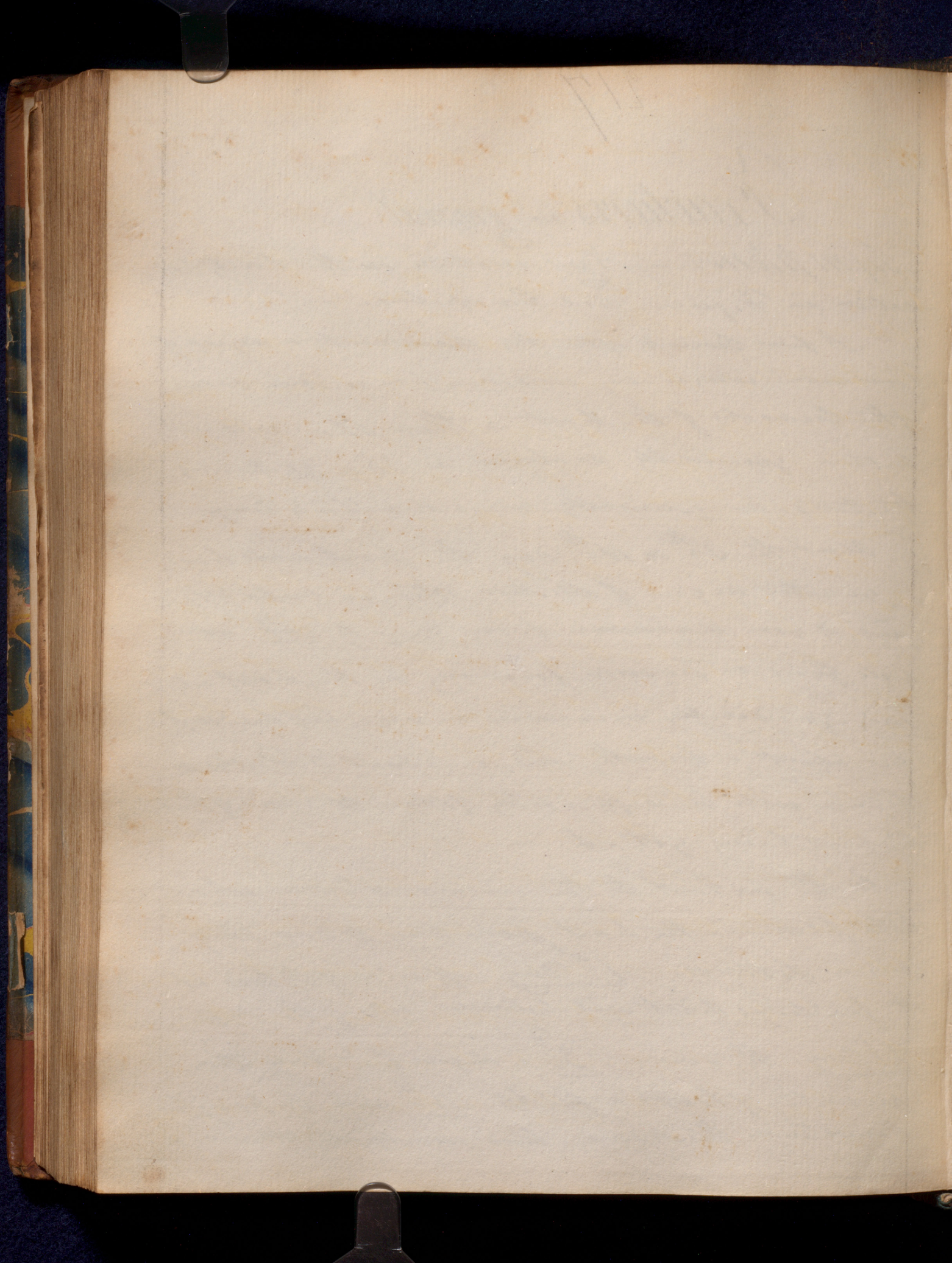
A few hours after the accident, a degree of Tension comes on, and a spasmodic action of the Muscles of the Part. — This Spasmodic action generally declines in 36 or 48 hours the tension generally remains 7 or 8 Days. —

About the 8<sup>th</sup> or 10<sup>th</sup> Day the Part will have a greater degree of Motion, tho' not perfect, and if you examine from Day to Day, you will find a Tumor forming on the Part, which will gradually increase in size and hardness for about a Month, and in about 5 Weeks the Limb will be sufficiently firm to allow of the Patient being got up. —

With respect to the circumstances which take place in the Part from Day to Day, they are as follows. — 1<sup>st</sup> Day. Effusion of Blood at the fractured Part and between ends of the Bone.

2<sup>d</sup> Day. the same. 3<sup>d</sup> a degree of Inflammation, an accumulation of Blood rather less. 4<sup>th</sup> more Inflammation, Periosteum thickened, — Blood nearly all absorbed, or







effused in surrounding Cellular Membrane. -  
 3<sup>th</sup> slight Union of the Bones, by an effusion of  
 Cartilage 6<sup>th</sup> quantity of Cartilage increased  
 14<sup>th</sup> increased in quantity. 8<sup>th</sup> and 9<sup>th</sup> same  
 appearance. 10<sup>th</sup> Earth deposited in Patches in  
 the Cartilage 12<sup>th</sup> greater deposit of Earth, more  
 particularly at the ends of the Bones. 13<sup>th</sup> Bones  
 United by Callus. - 14<sup>th</sup> very little appearance  
 of Cartilage, nearly all Bony Matter. -

This Union of the Bones is effected by a  
 Process of Inflammation, in consequence of which  
 a quantity of Cartilage is thrown out, in which  
 after a time a deposition of Bone takes place  
 and the Cartilage is absorbed. -

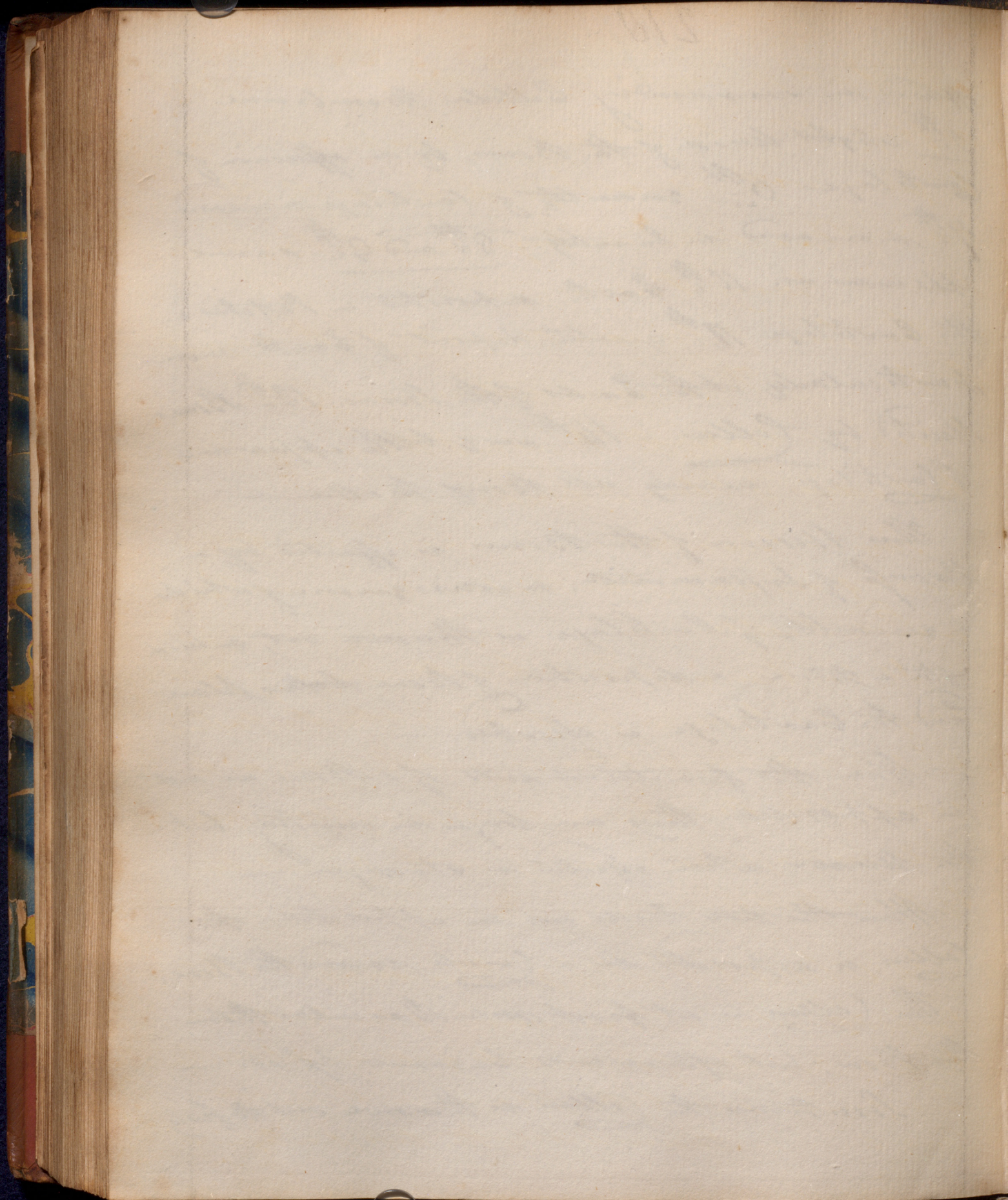
When the fractured ends of a Bone are not  
 in apposition, they are longer in uniting, but  
 the Union when effected is stronger. -

When the two ends are in apposition, the  
 Callus is deposited in a Circle round the Bone.

The Callus is at first more Vascular than  
 the Bone, but afterwards becomes less. -

Sometimes the Callus is thrown out & fully







and if not prevented by Bandage, occasional deformity. — In this Case: Mercury may be given with advantage, to promote Absorption: — Fractures are longer in uniting in old than in young Persons. —

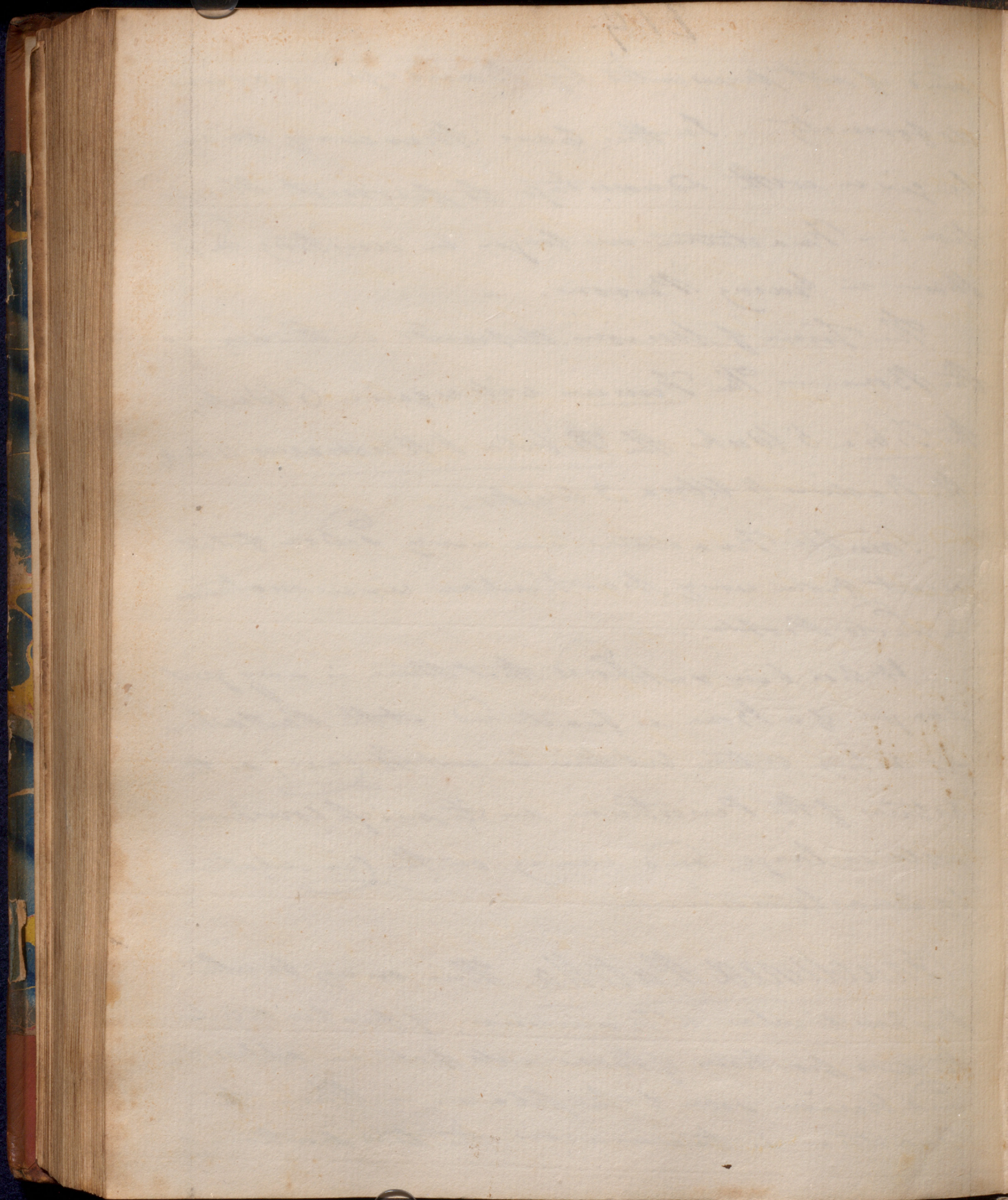
The Time of Union depends on the size of the Bone. — The Femur will require 6 Weeks, the Tibia 5 Weeks, the Fibula & Humerus 4 Weeks, the Radius & Ulna 3 Weeks. —

Simple Fractures are very seldom fatal except from very particular circumstances, or in old People. —

It has been supposed that there is very great danger if a Bone is fractured at the Part where the artery enters, but this is not the Case, as the arteries of the Periosteum in its neighbourhood will enlarge, and carry on the Circulation by Anastomosis. —

Fractured Patella. This may be either Perpendicular or Transverse, if Perpendicular the two Portions of Bone will fall in apposition and Union soon take place. — When the Fracture is transverse, the two Portions of







Bone become separated to a considerable distance, as 2, 3 or 4 Inches, the upper part being drawn upwards by the ~~Protractor~~ Muscle.

If the two portions of Bone are allowed to remain a distance from each other they will unite by a Ligamentous substance, and if they are in contact by Bone. —

Different opinions have been formed which mode is preferable, but that by Bone, from bringing them in contact is much more speedy and effectual, for when the Union is by Ligament, the Limb is always weakened. —

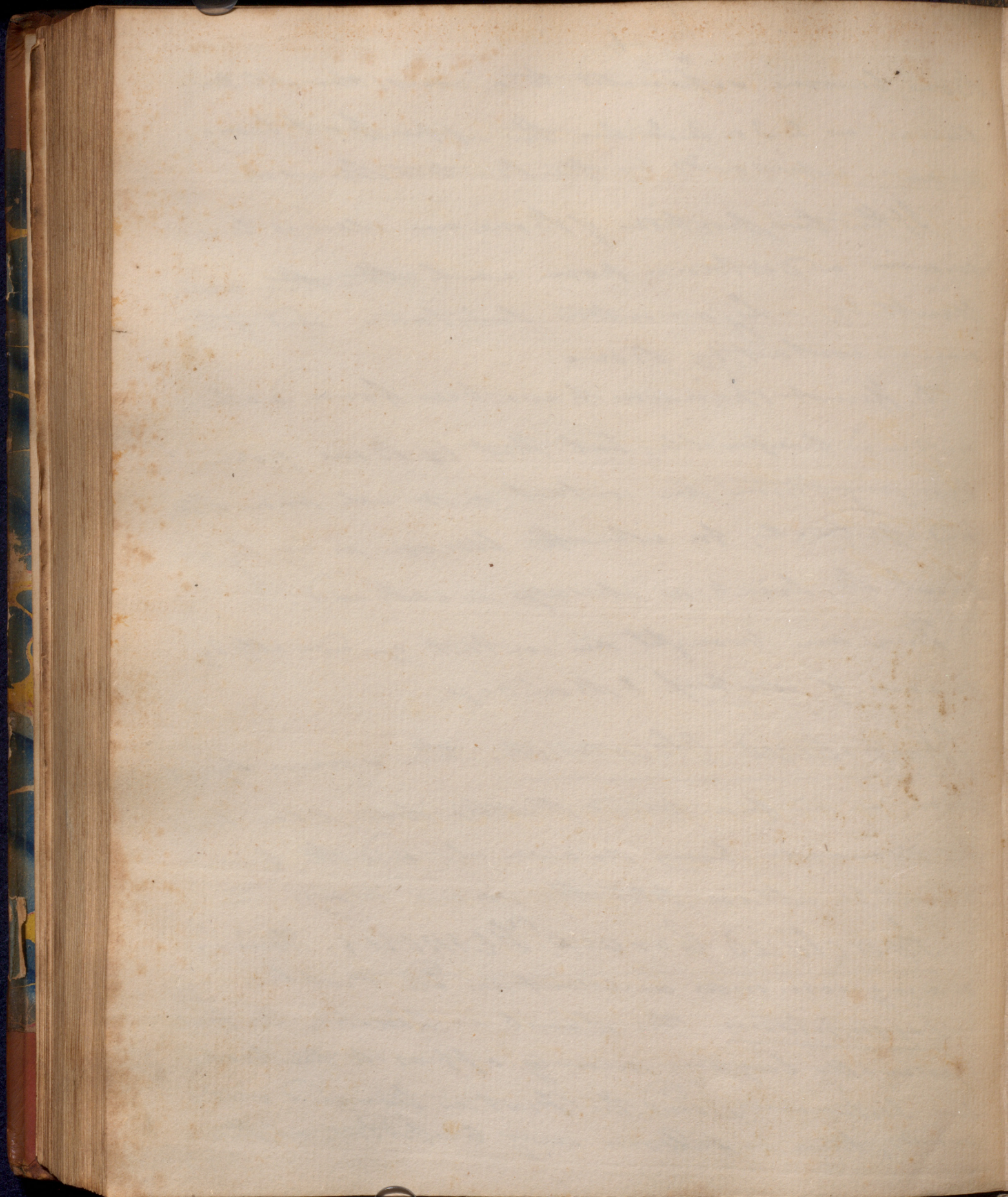
They are brought in contact gradually by means of corns & Bandage.

Fractured Olecranon. The same symptoms as in fractured Patella both place then the Olecranon being drawn up; and the cure must be attempted the same way. —

Fractured Cervix Femoris. This is a very common accident in old People. —

Symptoms. The Limb is shorter, the Head generally laying nearly opposite the Malum Intermus, and the Foot is turned outwards, there is seldom any Crepitation, as the







two portions of Bone are not opposite each other. - There is in general a considerable degree of Motion allowed in the hip, which is one of the Marks of Distinction from Dislocation.

Another circumstance which distinguishes this from Dislocation, is its happening from very slight causes, whilst Dislocation is generally from a greater degree of violence.

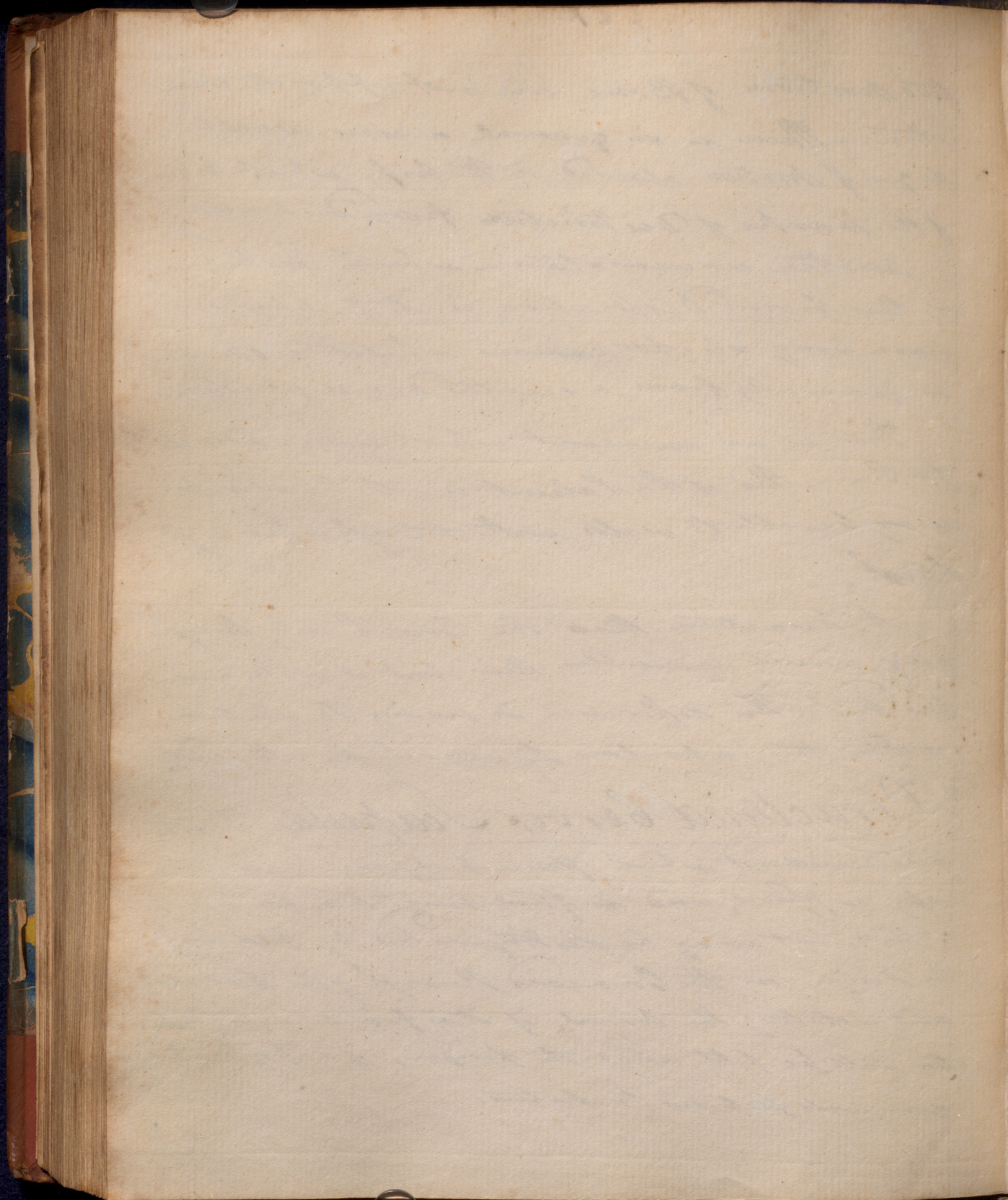
This is an accident which never admits of a Cure, tho' if the Patient is not heavily lame may be able to walk with the assistance of a Stick. -

A Fracture thro' the Trochanter Major very much resembles this, but it will gain Motion. - This difference is owing to one being within the Capsular Ligament, the other not.

### Fractured Cervix Scapulae. This is

an accident which often happens & is generally supposed, and is often mistaken for a Dislocation, but may be distinguished by placing the Finger on the Coracoid Process of the Scapula and rotating the Arm, if it is fractured, a Crepitus will be felt under the finger, if a Dislocation you will feel no Crepitus. -





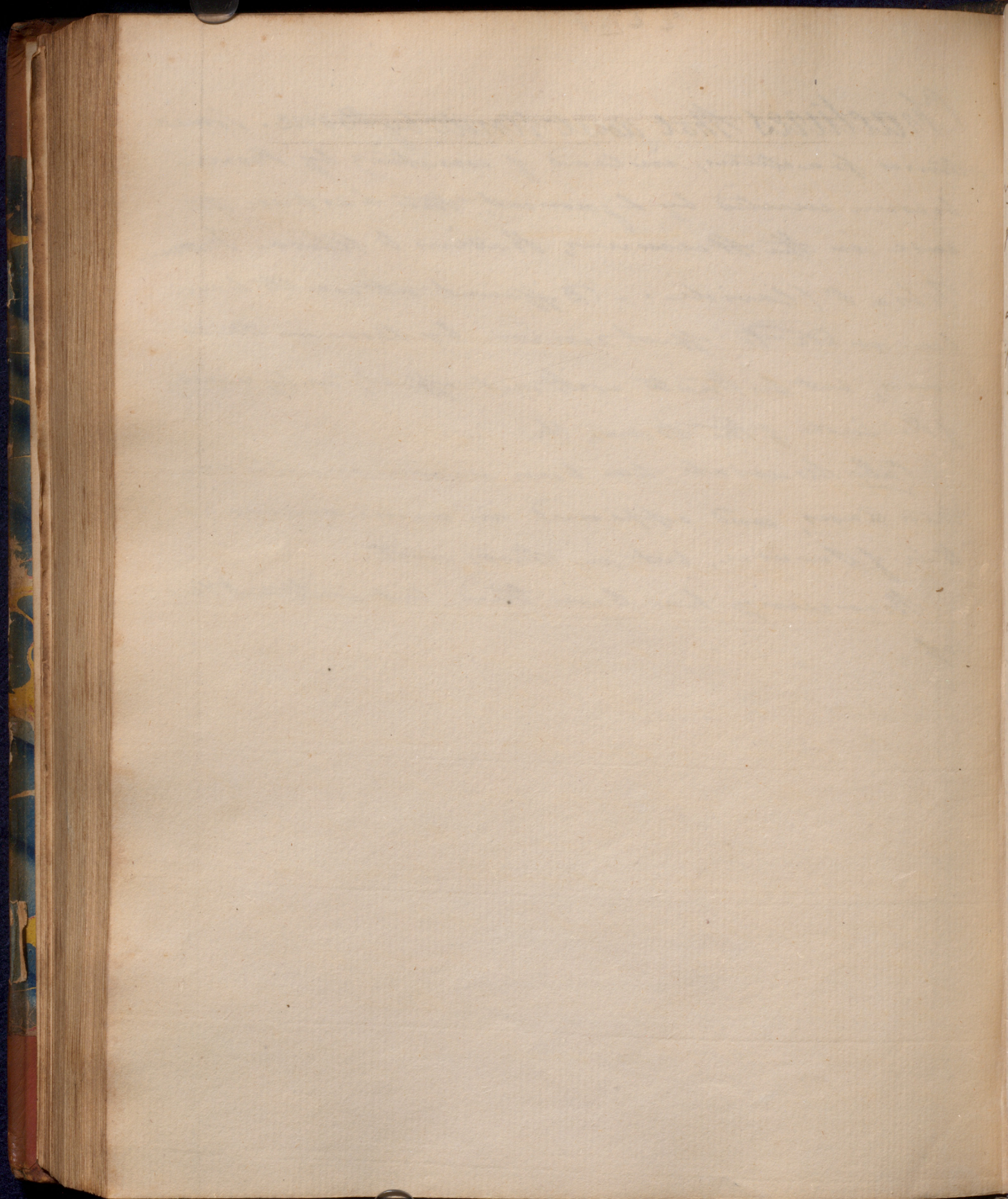


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Fractures that don't unite by Bone. Some-  
times fractures, instead of uniting by Bone  
become united by ligament, this has been the  
case in the Humerus, Radius & Ulna, Femur,  
Tibia & Clavicle. - Different attempts have  
been made to effect union by Bone in these  
cases, but hitherto without effect, as by sawing  
of the Ends of the Bones, &c. -

Calc. Muriat. has been recommended in  
these Cases, and appeared in some instances  
to be of Service, but in others not.

Mercury has been tried, but without suc-  
-ess -







# Dislocations.

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Hip Joint. Upwards. In this case the head of the Bone lays <sup>on</sup> ~~very near~~ the Dorsum of the Ilium. Symptoms. The Limb is shorter, the Knee and Foot turned inwards, the Trochanter Major is situated very near the Spine of the Ilium, and the Limb admits of very little Motion.

Treatment. The Patient should be laid on on side upon a Table, with the Injured, or Dislocated Limb upwards, the Knee should be brought forward to relax the Muscles, then pass a Belt or Girth between the Patients thighs, over the Groins and Dorsum of the Ilium, to secure the Pelvis, which must be fixed behind to something lower than the Body, then extension must be made from the Knee, and at the same time the head of the Bone must be elevated by an assistant with a Napkin passed under the upper part of the Bone and round his Neck, to raise the head of the Bone over the Beem of the Acetabulum, and at the same time pushing down the Pelvis.



If brought to a right angle with the Body  
the Limb will be found shorter by the Distance  
between the acetabulum and the Ischiatric notch.  
D. Buchanan. Glasgow.



Downwards into the Foramen Osae. In this case the Limb is longer, and the Foot is brought forwards and separated from the other, and the Foot is turned a little outwards.

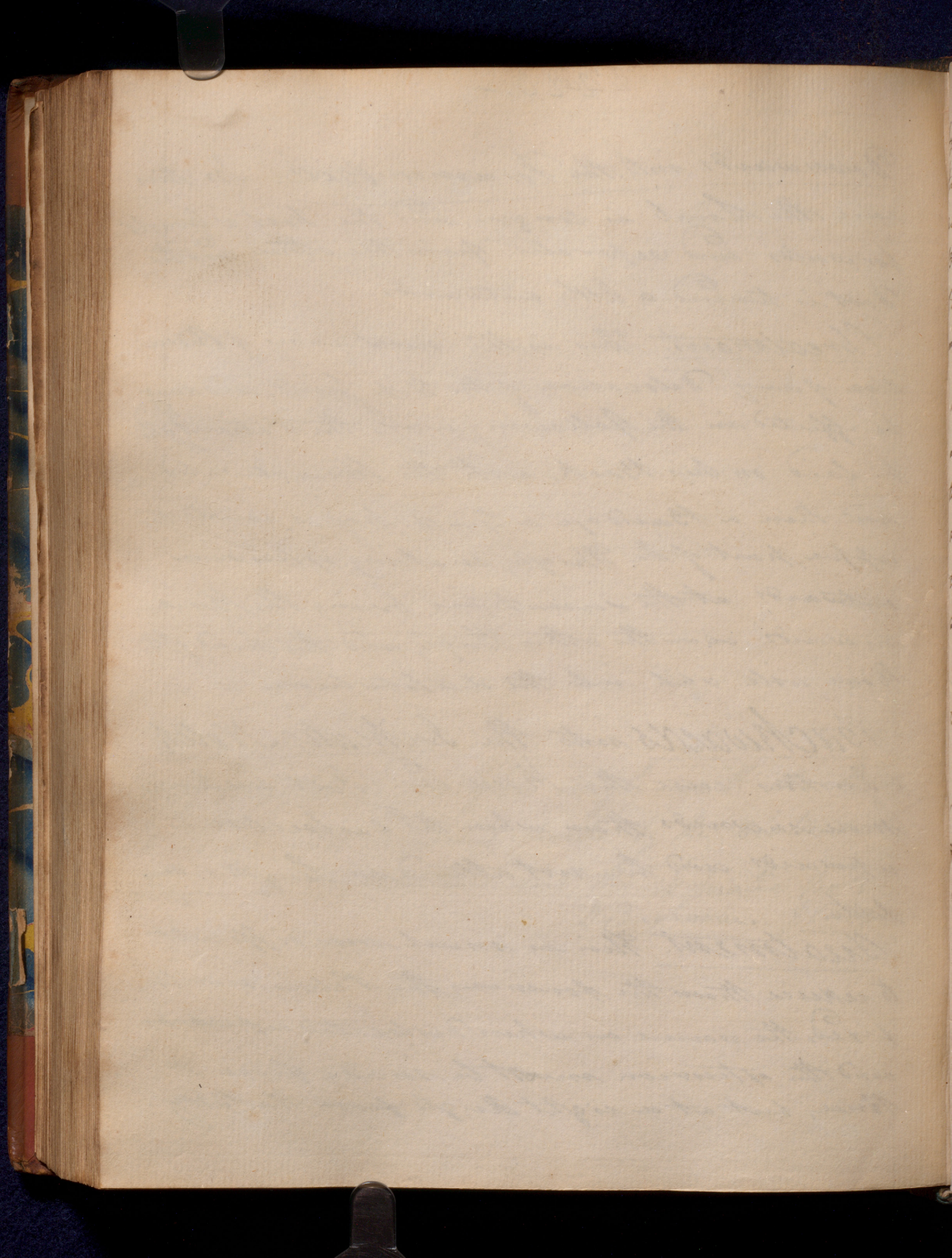
Treatment. This is the most easy of Reduction of any Dislocation of the Hip Joint; and may be effected in the following way, the Patient should be laid on his Back, with the Knee elevated, and then a Bandage or Girth passed round the upper part of the Thigh, making extension outwards, at the same time bring the Knee inwards over the other Thigh, and the head of the Bone will sink into the Acetabulum.

### Backwards into the Ischiatic Notch.

In this case the Knee and Foot are turned more inwards than when the Dislocation is upwards, and the not altered in Length or very little.

Treatment. This is much more difficult to reduce than the former; the Pelvis must be fixed, the same as when Dislocated upwards, and the extension must be made from the Knee, but at a right Angle from the Body.





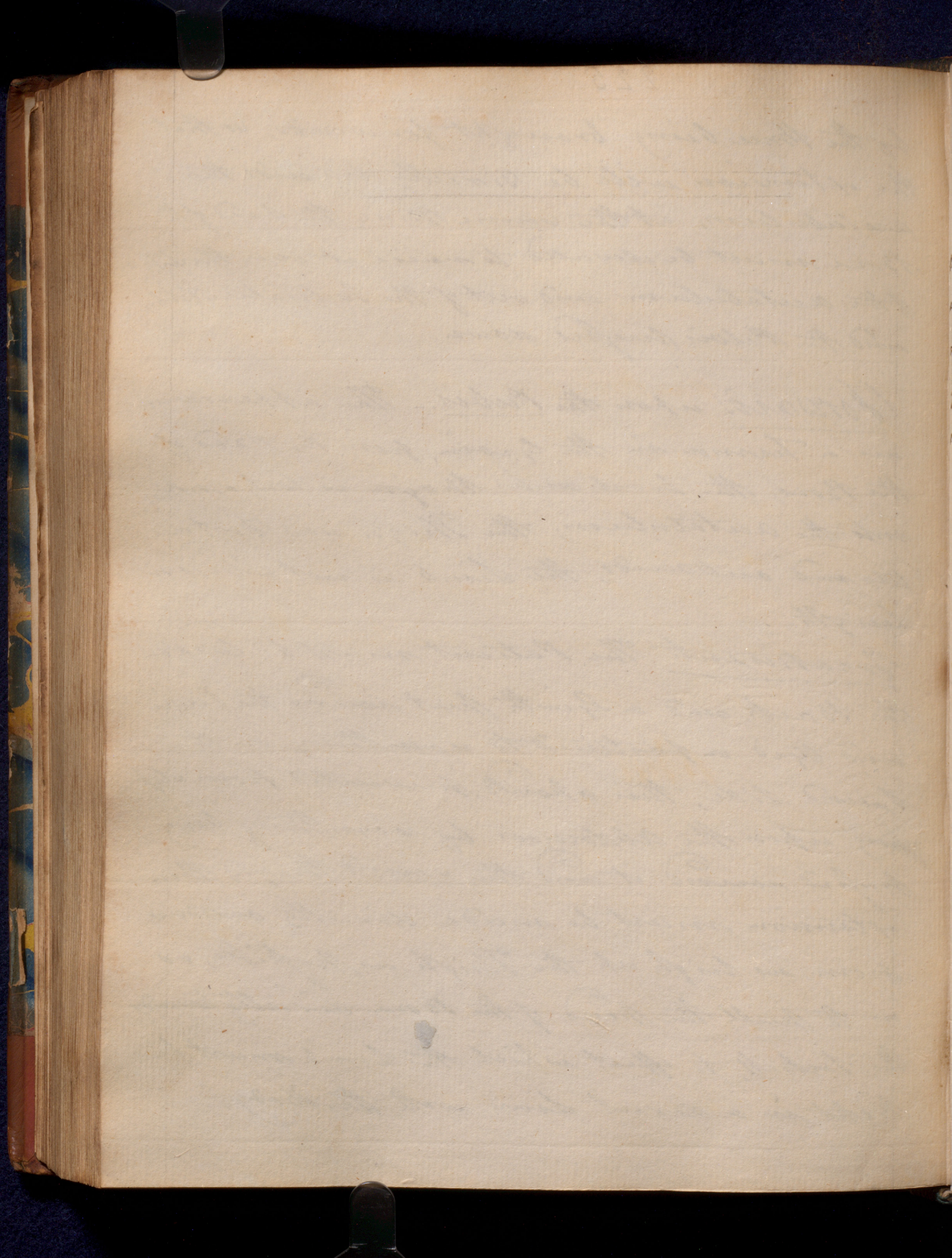


by the knee being brought forwards, so that the extension will be directly towards the acetabulum, at the same time the head of the Bone must be elevated to raise it over the lip of the acetabulum and out of the Ischiatic Notch, and the Pelvis pressed down. —

Forwards upon the Pubis. — The appearances are a tumor in the Groin, from the Head of the Bone, the Trochanter Major is lost, sinking into the acetabulum; the Thigh and Foot are turned outwards, the Limb is not altered in Length. —

Treatment. The Patient must be laid on the Back, and a Girth put round the Pelvis and tyed or fastened to something on the sound side, this should prevented from slipping upon the Abdomen by something being passed round it and the sound thigh; then extension must be made directly outwards from as high up the Thigh as possible, so as to pull the head of the Bone directly towards the Socket, to effect which the Limb must be kept in a direct line with the Body. —







## Patella.

The Patella may be luxated in three directions, that is inwards, outwards & upwards, when either inwards or outwards, the Limb must be completely extended, and then the edge of the Bone farthest from the Limb must be pressed downwards, and inwards or towards its proper Situation, which will not be very difficult to effect. —

When it is located upwards, it must be gradually pressed downwards, and kept in that way by means of compress & Bandage tho' reduction will never be completely effected.

## Knee Joint.

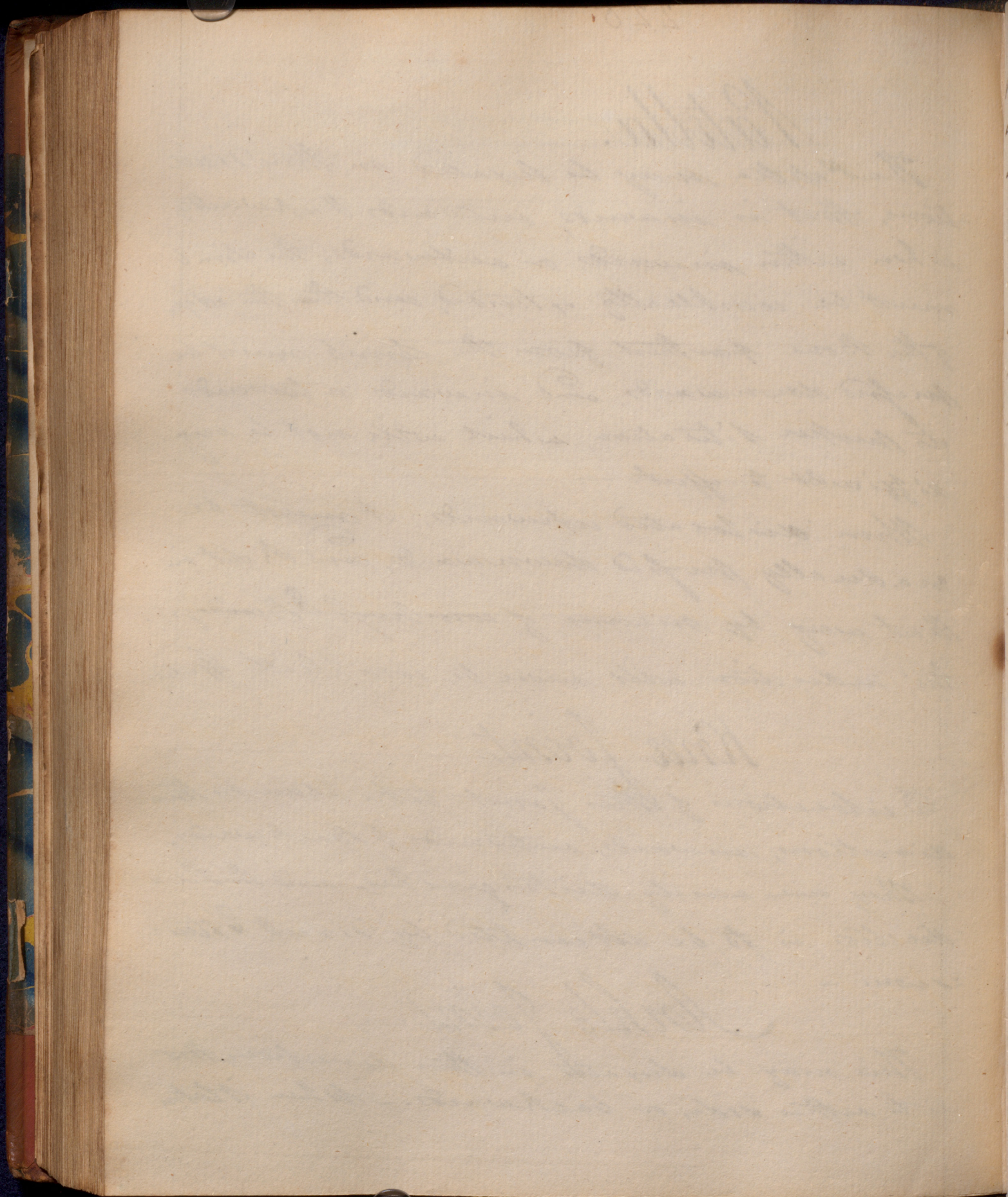
Dislocations of this Joint take place in three directions, inwards, outwards & Backwards.

They are easily distinguished, and the Reduction is to be attempted by Direct Extension. —

## Ankle Joint. —

This may be dislocated in three directions, that is to either side, or backwards. — When it takes







place backwards the Tibia is situated forwards upon the Protr of the Metatarsal Bones, and the Fibula is broken; the heel is elongated.

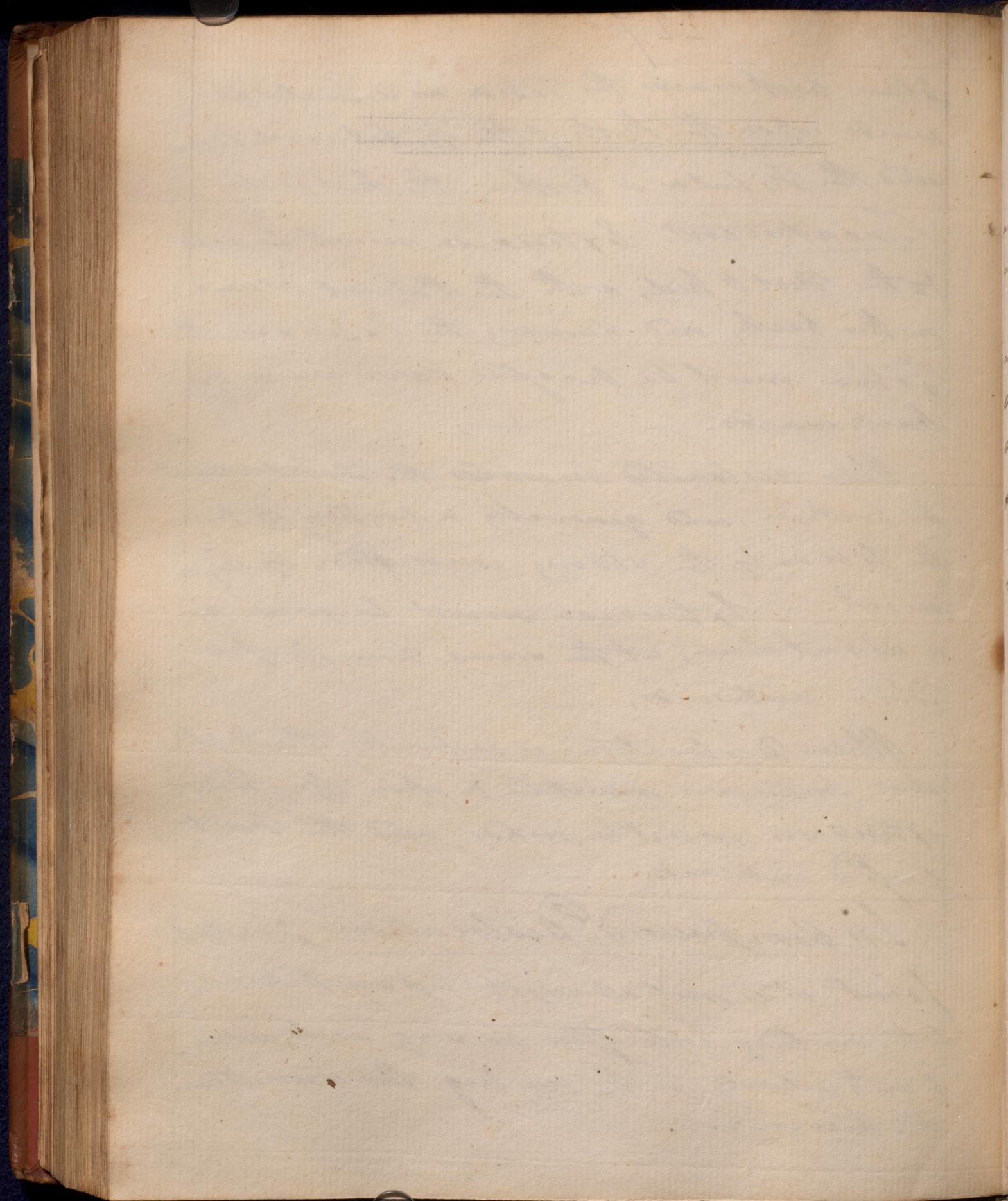
Treatment. Extension must be made, by the Foot & heel, with the Patient placed on his back, and during the Extension the Tibia must be pressed downwards or backwards. —

When dislocated inwards the Fibula must be broken, and generally a portion off from the Tibia by the strong connection by Ligament. — Extension must be made in a direct Line, at the same time pressing Tibia outwards. —

When Dislocation is outwards, the Malleolus Internus must be broken off. — Direct extension must be made, and the Foot pressed outwards. —

In Compound Dislocations of the Ankle Joint it is not always necessary to amputate, as they will often do very well, more particularly in the young, tho' sometimes the reverse.







## Clavicle

When the Clavicle is dislocated at its junction with the Sternum, it is very easily distinguished as the end of the Bone lays on the Sternum.

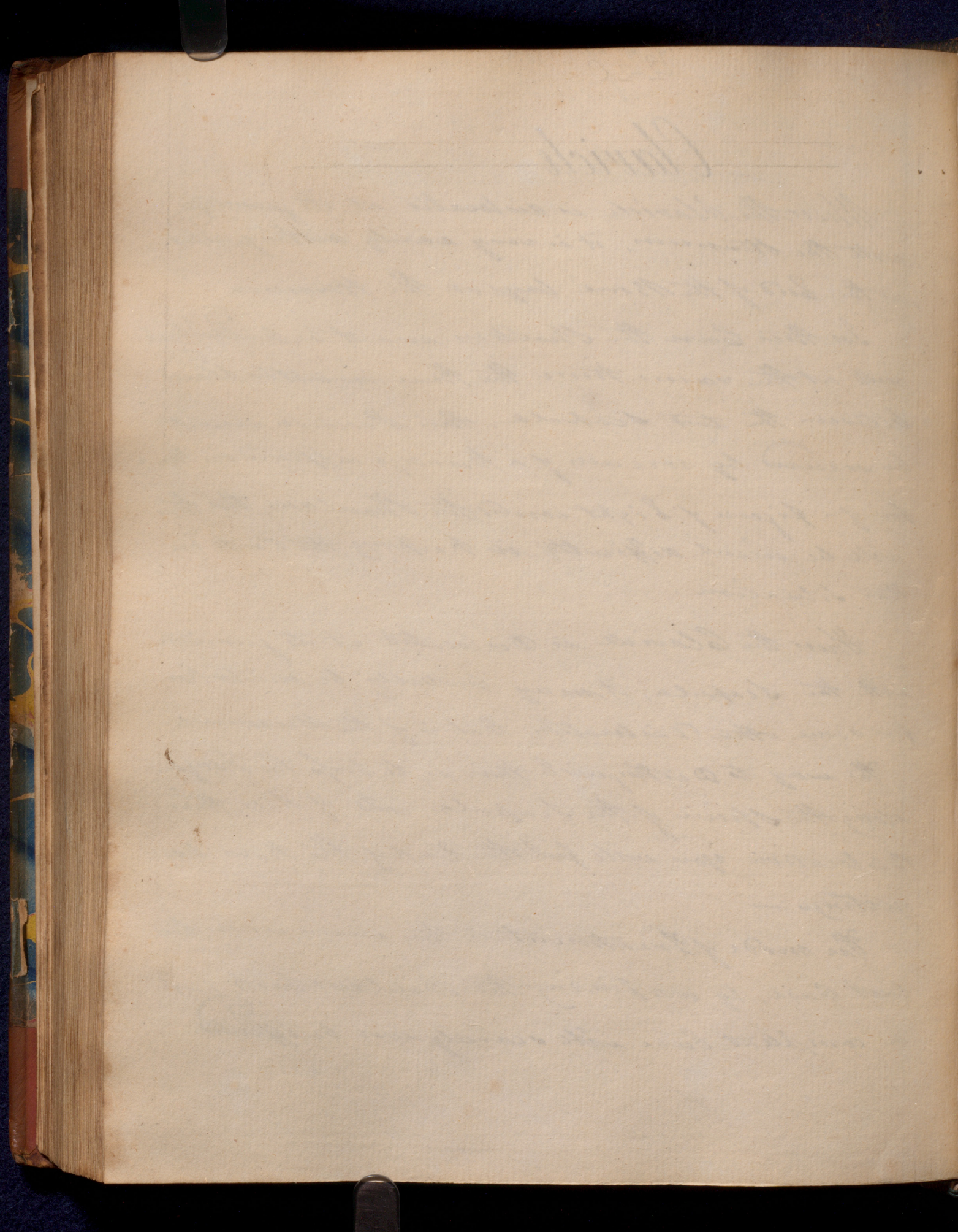
In this Case the Shoulder must be pulled back and at the same time the Arm must be placed between the two Scapulae, this Position must be secured by means of a Bandage applied in the form of a Figure of Eight round the Shoulder, this thus will be much difficultly in keeping the Parts in this Situation.

When the Clavicle is Dislocated at its junction with the Scapula, it may probably be mistaken for some other Dislocation, that is of the Sternum.

The way to Distinguish this, is to pass the Finger along the Spine of the Scapula, and if it is this Dislocation you will feel the end of the Bone projecting.

The mode of Treatment is the same as in the last Case, by confining the Shoulder back, but a complete Cure will scarcely ever be effected.







## Shoulder Joint

The Head of the Humerus may be dislocated from the Glenoid Cavity, in three directions. —

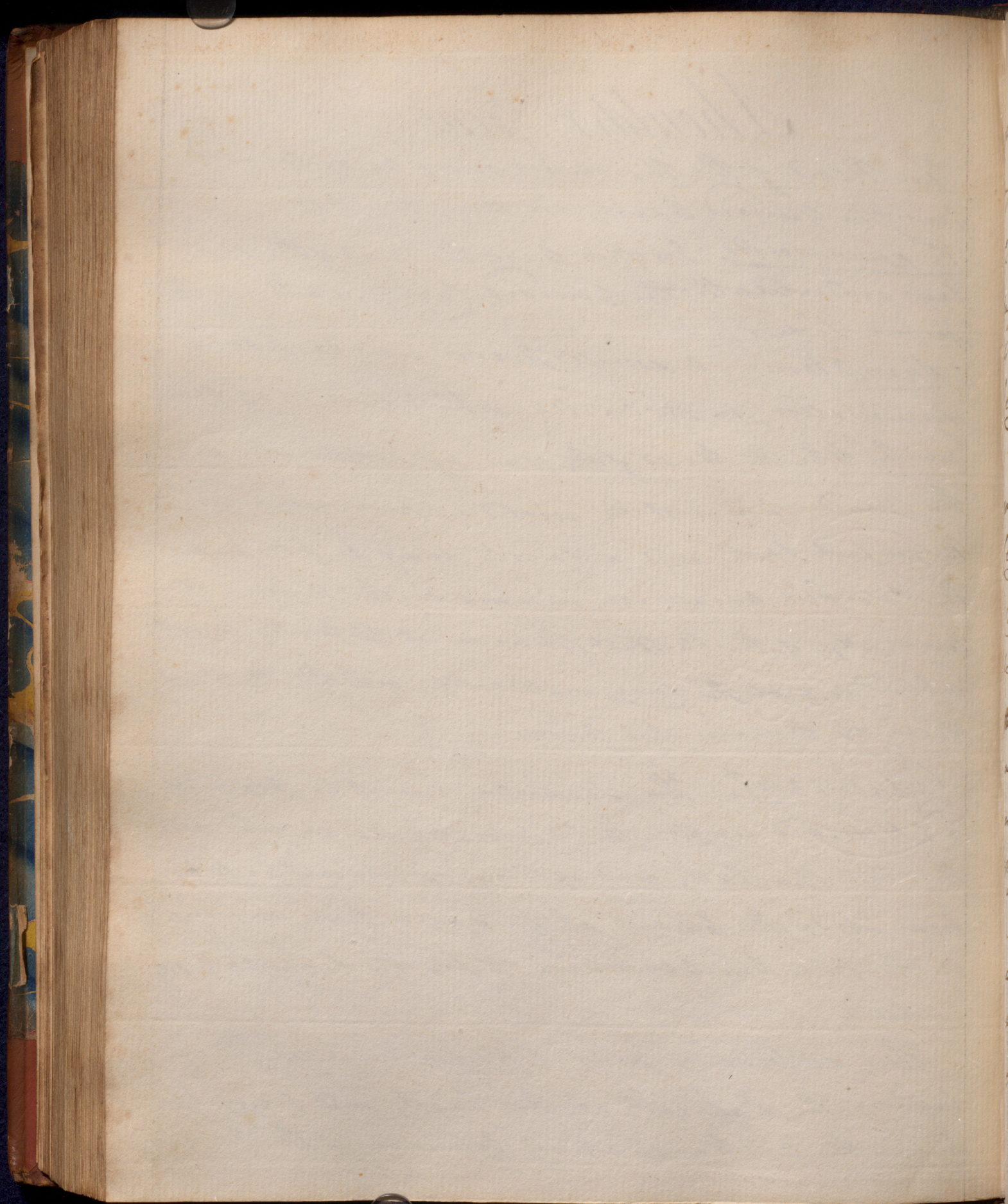
1<sup>st</sup> downwards. In this case the head of the Bone lays underneath the Glenoid Cavity, rather to the inner side. —

Symptoms. A small tumor will be felt on examination, in the axilla, which you may distinguish to be the Head of the Bone by rotating the arm, the Shoulder has not the rounded appearance as in the perfect state, and a cavity may be felt under the Proufus acromion, on raising the arm. — The lower edge of the Pectoral Muscle is distinctly marked which is not the case naturally, and the Patient is unable to raise his arm. —

Treatment. The Scapula must be fixed by a belt passed under the dislocated arm, and over the other shoulder, and extension must be made from above the Elbow, at the same time pushing on the Proufus acromion to fix the scapula more perfectly. —

This dislocation may likewise be reduced by laying the Patient on his back, and fixing you behind in the axilla, making extension by the arm.







Another way is by placing the Patient in a chair, with your knee in the axilla, and then depressing the arm, so as to act with a lever. —

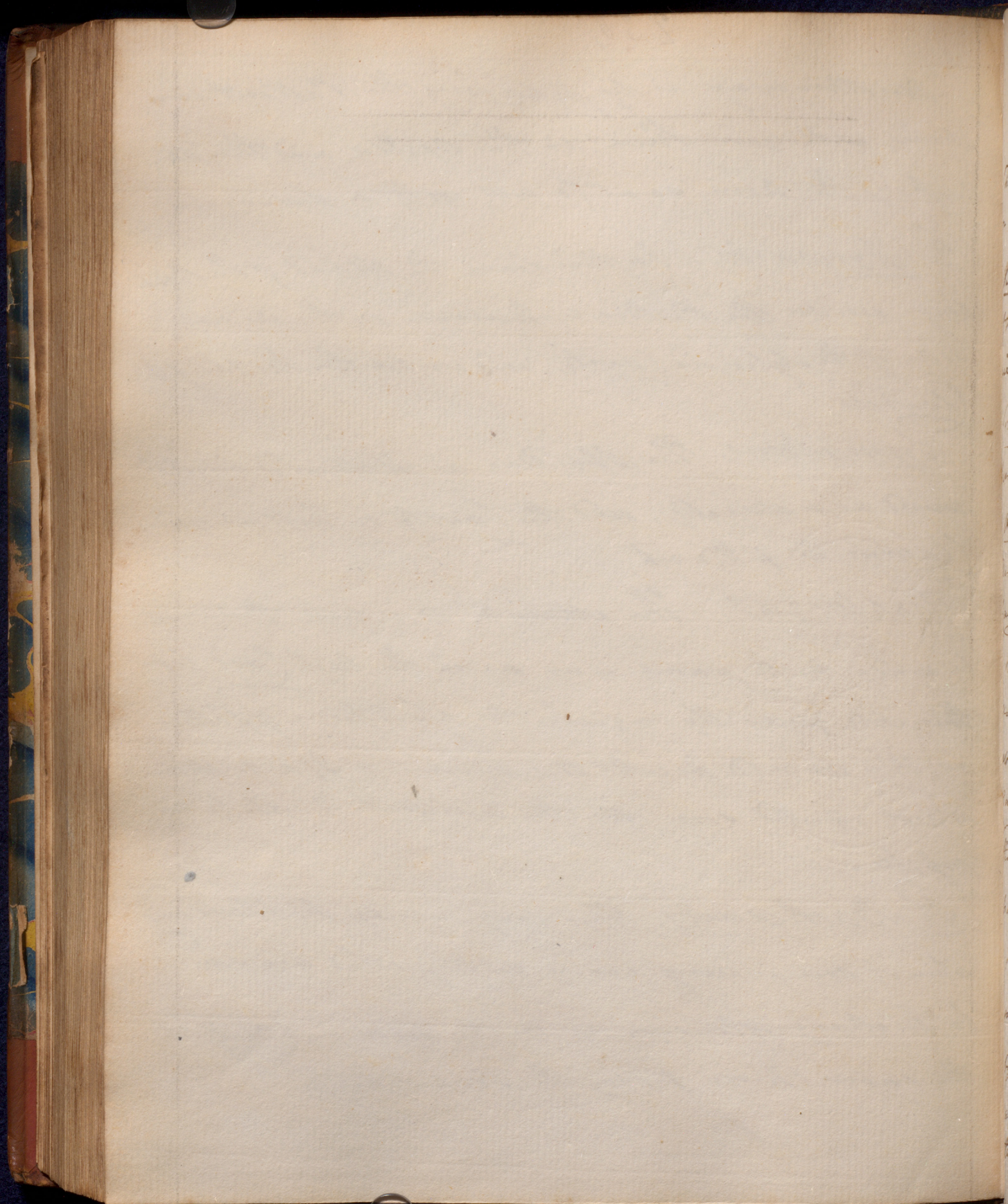
2. Forwards. In this case the Head of the Bone lies, under the Pectoral muscle, on the inner side of the Glenoid Cavity, and under the middle of the Clavicle.

Symptoms. The Shoulder is flattened instead round as naturally, and the Cavity or hollow under Clavicle is filled up. —

Treatment. The attempt to reduce this must be made in the same way as in the last Case, but this will generally require the assistance of Pillars as it is more difficult to reduce. — If reduction is not effected soon after the accident it will be impossible. —

3. Backwards. This very rarely happens and when it does is very easily distinguished and reduced, by making extension as in the former Case, at the same time fixing the Scapula. —







## Elbow Joint. —

Dislocation may take place either backwards or to either side. —

Backwards. In this case the Coronoid Process of the Ulna, is situated in the Cavity, which remains the Humerus.

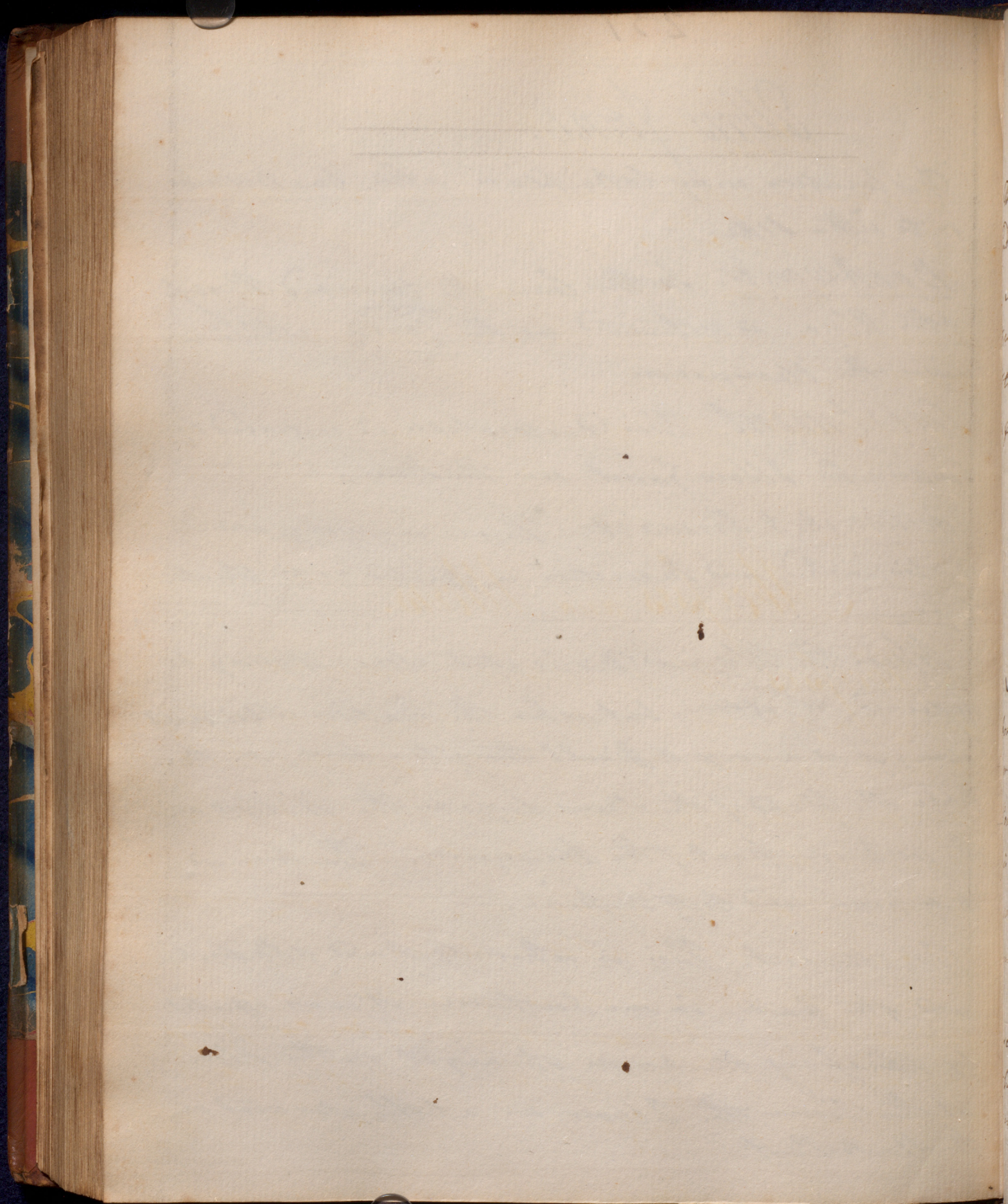
Treatment. This Dislocation is reduced by bending the Elbow Joint over the Arm. —

Outwards & Inwards. These are very easily distinguished, and Reduction is effected as in the other case. —

When the Ulna is Dislocated alone, it may be reduced as above, but when the Radius is Dislocated alone, it is a very difficult thing to reduce, in this case the Head of the Bone lays in the Hollow on the anterior part of the Humerus. — The Arm is half prone and half supine. —

Treatment. This is extremely hard of Reduction and often fails, in one Instance it was effected by placing the arm straight on the Floor at the time the Elbow is a little elevated on the Back Part.







## Wrist Joint.

Dislocation of the Wrist are easily ascertained and may be reduced by making direct extension.

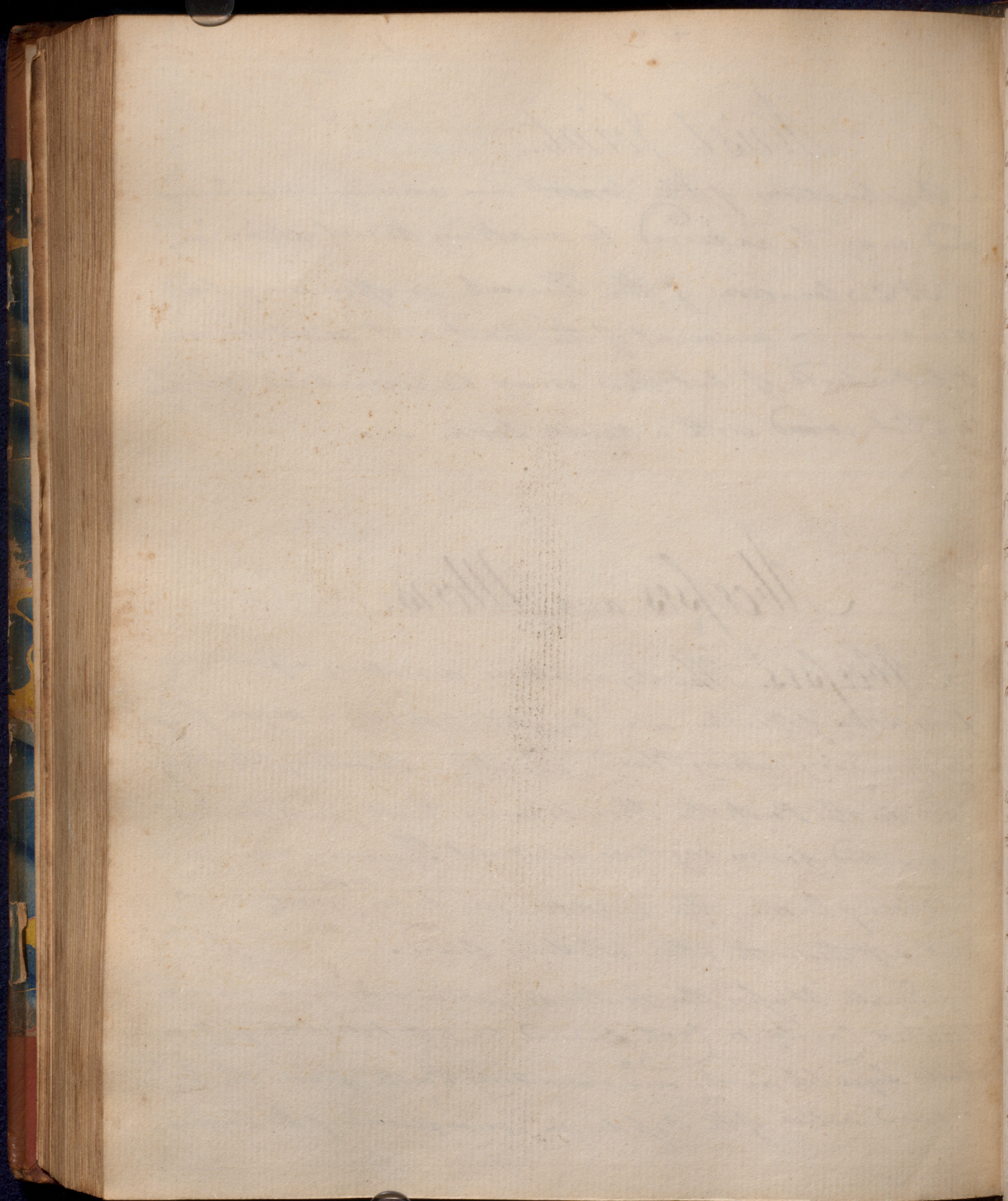
A Dislocation of the Thumb is often very hard to reduce on account of the part not allowing room to take hold of, but this may be remedied by passing a fillet round with a double loop. —

## Abscesses and Ulcers.

Abscesses. The symptoms denoting a formation of matter, are, constitutionally, a degree of fever or shivering taking place. Locally, shooting, throbbing pain in the part, the skin becomes red, and the part is swelled, forming two distinct Tumors, one in the middle of the other, the middle one being <sup>more</sup> prominent and soft than the other which is hard.

In all Abscesses the matter is contained in a circumscribed cavity or cyst, formed by a deposition of Congealable Lymph in the surrounding Parts, from the increased action of the vessels, in consequence of the Inflammation.







-tion. - The time which the Matter will require to make its way thro' the Skin depends very much on the Situation and Structure of Parts, in which the Abscess is formed. -

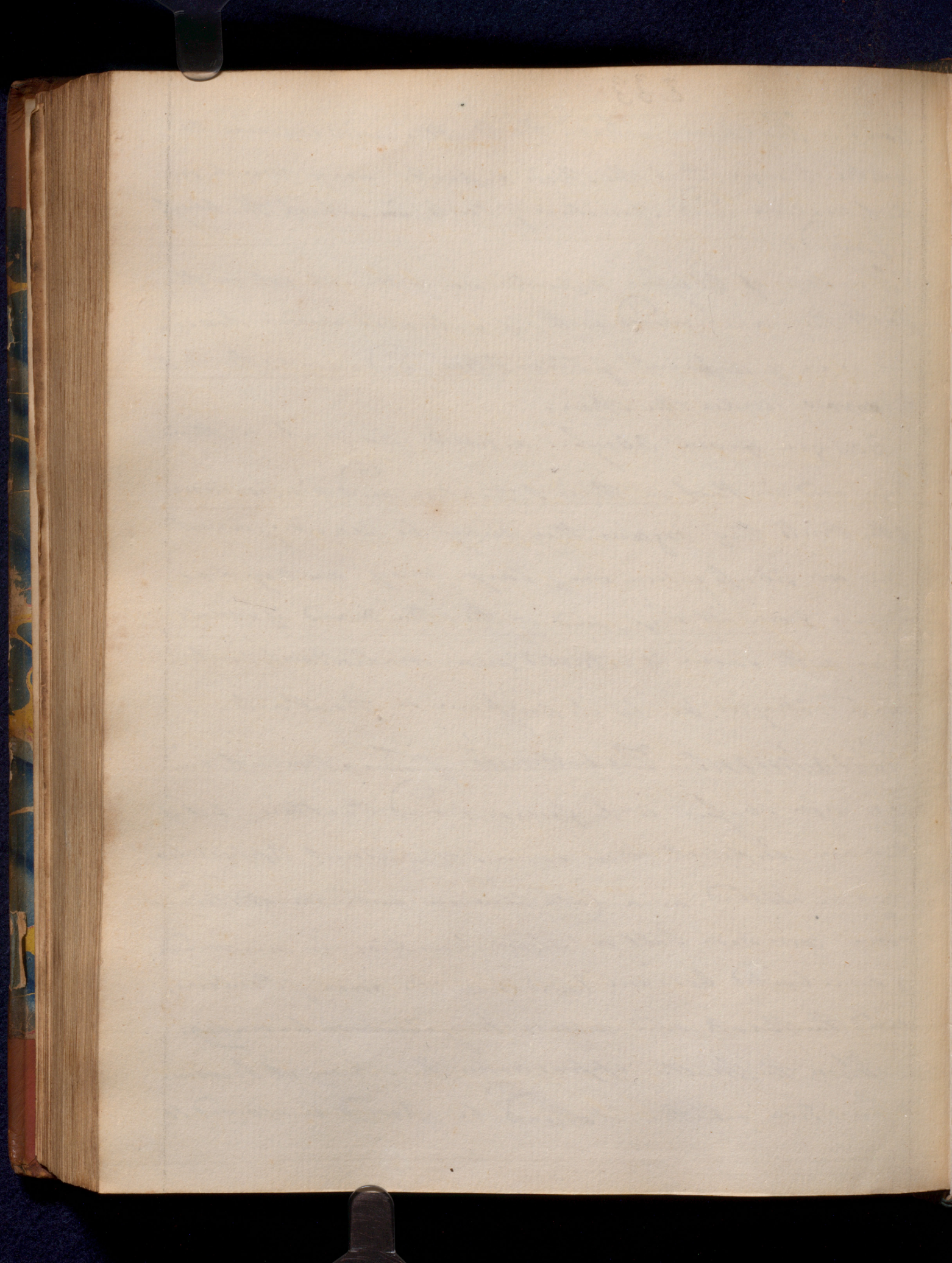
The size of Abscesses depends very much upon the Parts they are covered with, if situated under Fascia this is very difficult of absorption, and causes the Matter to burrow under the Skin. -

Danger from Abscesses depends in part on their size, and in part on their Situation and importance of the Parts they Organ they may be placed against thus an Abscess when very large may destroy life merely from its size, and on the other hand if small may do the same if situated near important parts, as the Oesophagus &c. by its pressure on those Parts. -

Treatment. The best mode of Treatment in common Abscess is to foment and Poultice, but if they are indolent then some Stimulant Application may be applied, as a Cataplasme with the addition of some common Salt or Flower of Sulphur, or one made of some boiled Onion, laid in the form of Poultice, and the Bark and nourishing Diet internally.

When the Matter approaches the Skin it becomes a Question whether it should be opened or allowed to







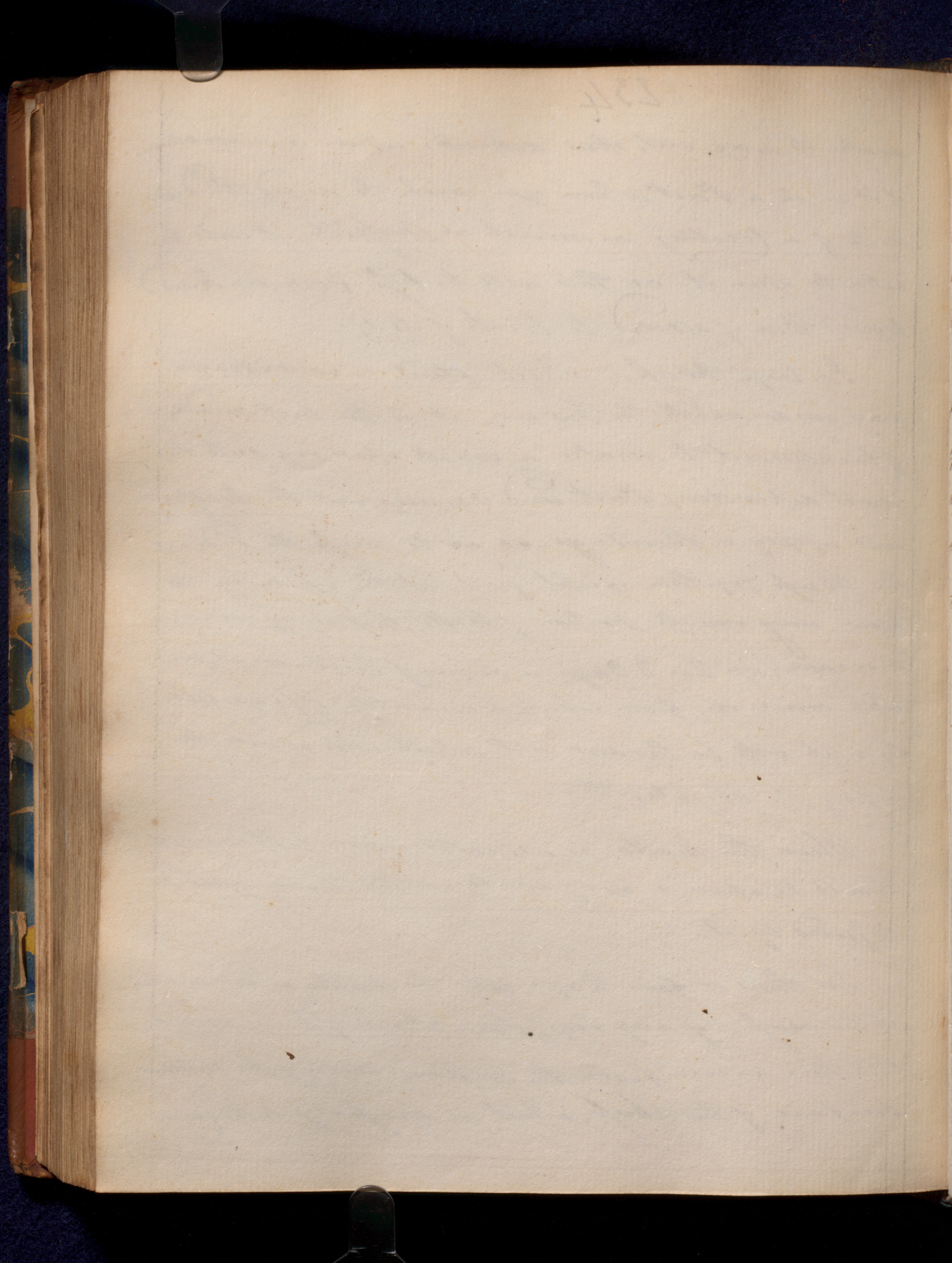
make its way out; this depends upon circumstances, if it is in a Part where you wish to avoid the Discharge of a Creatrix as much as possible, it will be better to open it, as this will be less from an inward wound than if allowed to break of itself. —

In large Abscess which extend a considerable way underneath the Glacis, it is the best mode of treatment to make a small opening into the most depending Part and squeeze out the Matter, and apply a Bandage so as to press the Sides of the Abscess together, except just at the opening, to allow any small portion of Matter that may remain to escape; in 2 or 3 Days a degree of Inflammation will come on, from which a quantity of Maggots will be thrown out, which will unite the Sides of the Abscess together. —

When the Matter is situated upon a Bone, it should be opened very early, or the Bone will be injured by it. —

In three or four Days after the Matter is evacuated (if the Abscess is of any Size) Symptoms of Fever come on; this arises from the Inflammation of the internal Surface of the Abscess, which is necessary to the Cure



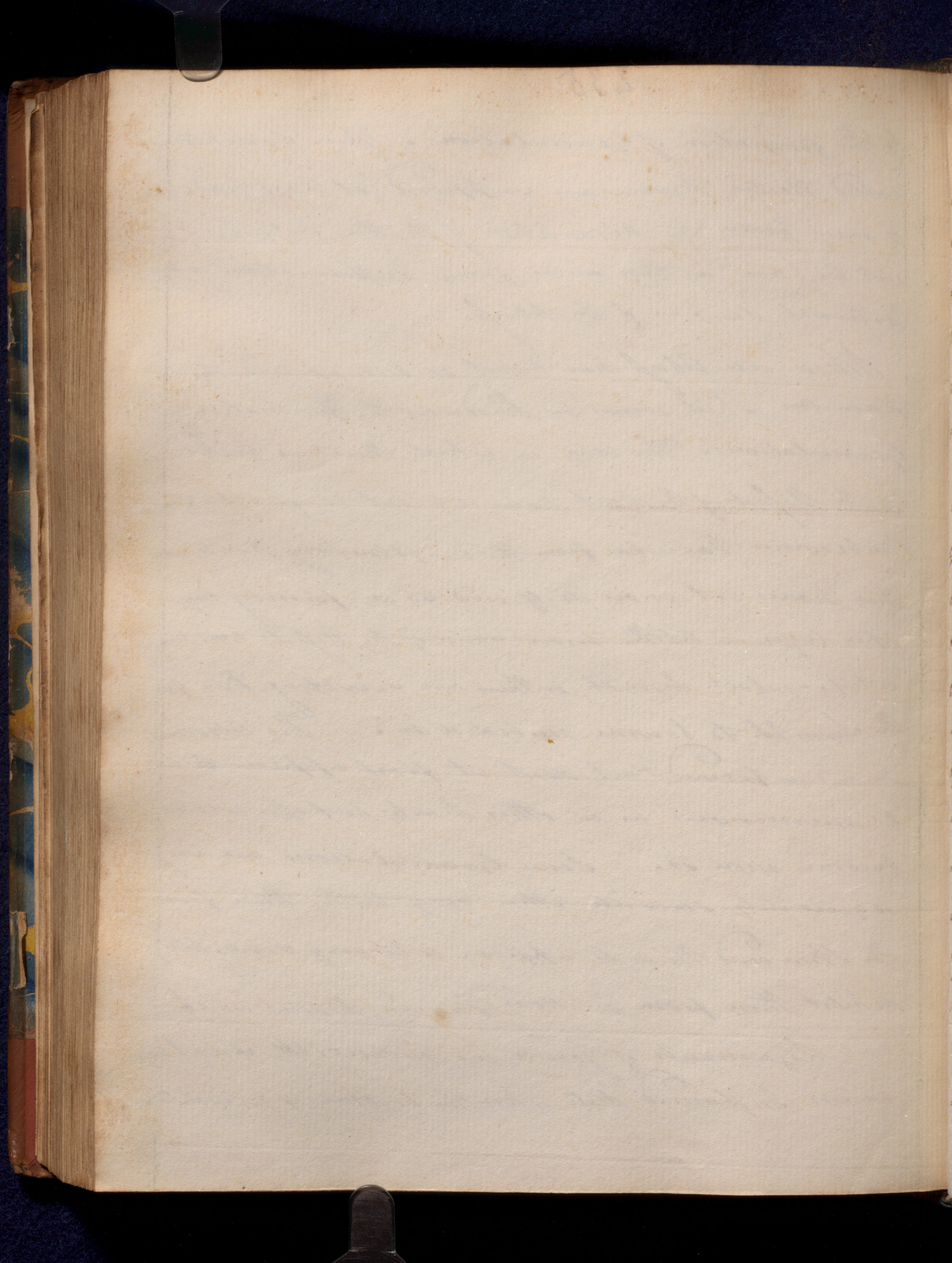




by the formation of granulations. These symptoms called Pectic Fever, are supposed (at least have been) to arise from the Absorption of Matter, but which is not the Case, as they arise from Inflammation of the internal Surface of the Abscess. —

When an Abscess has burst or been opened, the Inflammation which comes on produces the formation of granulations. The way in which these are formed, is by the Vessels of the Part pouring out (agulable Lymph, which becomes vascular from the neighbouring parts, and then pours out more itself, and so on, forming layer upon layer. — At the time some of the Vessels are pouring out (agulable Lymph, or thus are secreting Pus, for the Lymph to become imbedded in. — The Absorbents in a new formed Part, dont at first appear to be so numerous as in other parts, but after wards become more so. — Some Granulations are very exquisitely sensible, others very little, those from the Skin and Muscles appear to be very sensible, whilst those from Tendons, Ligaments, Bones and External Ligaments of Joints, are insensible, except when in an Inflamed state, when they become exquisitely so.





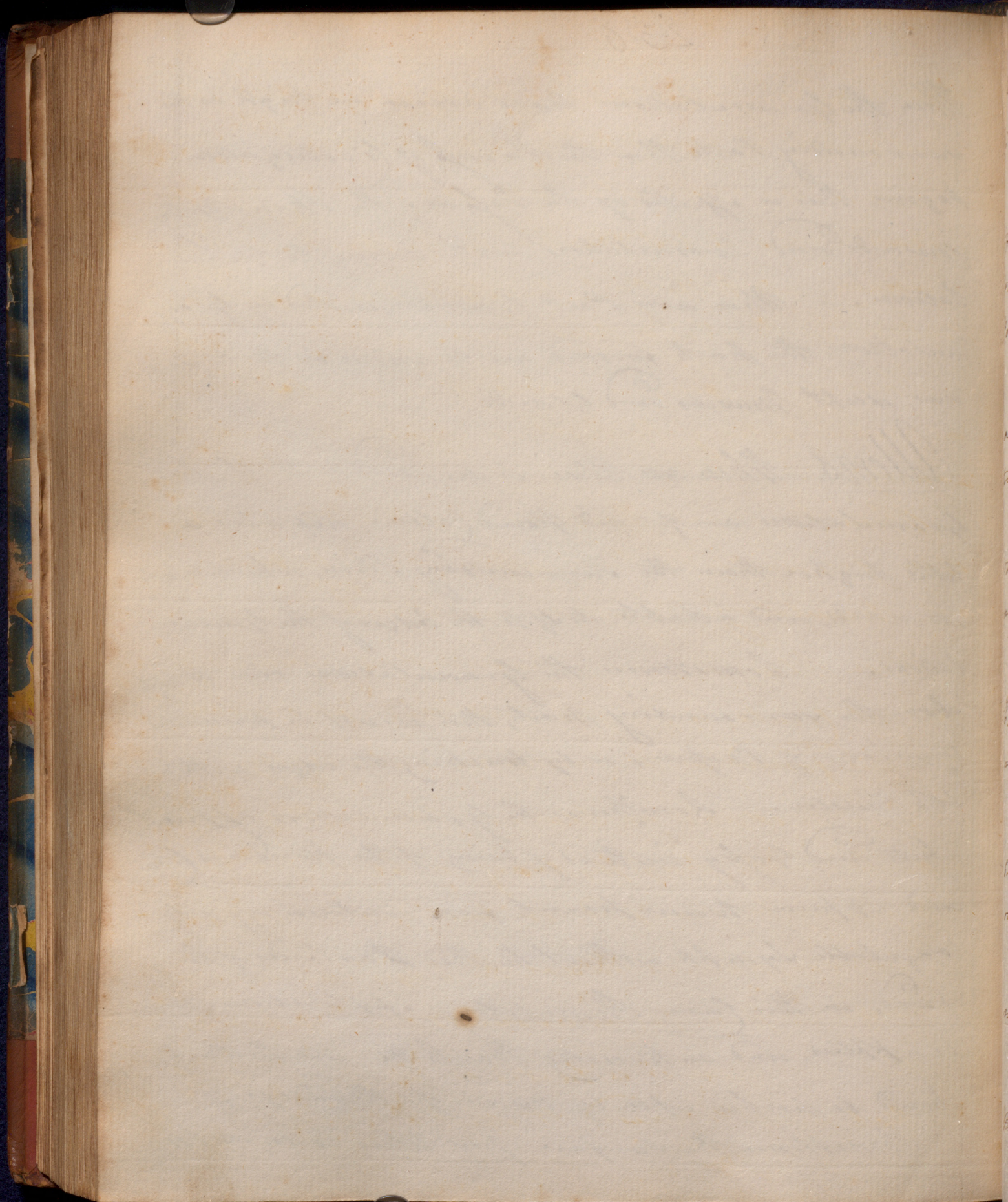


When the Granulations have arisen as high as the surrounding Parts, then the Process of Cicatrization begins, this is effected by the Defect of the Skin shooting forwards and Imbricating with those of the Granulations. — When any Part becomes united by Granulations, the Part formed are the same as the Original ones, except Muscles and Glands. —

Ulcers. When an Ulcer is disposed to Heal the Granulations are of a red florid colour, and rise a little higher than the surrounding Skin, which shoots forwards, and adapts itself to the Edges of the Granulations. — Sometimes the Granulations rise too high above the surrounding Part, this must be prevented by means of Prepares, or by touching the edges with a little Caustic. — Sometimes the Granulations appear white and lacy instead of being of the florid red colour and appear transparent, from containing only coagulable Lymph without the Red Particles of the Blood, in this Case Stimulating applications should be applied, and internally Bark &c. and the Part should be secured upon by means of a Bandage. —

Sometimes the Surface of an Ulcer is in an In-







flamed state, which prevents it from healing, this is best treated by fomentation & Poultice. —

Sometimes the Ulcer will go on to a state of mortification, this is best treated by the Bark and Wine internally, and to the Part the Stale Beer or fermenting Poultice, or the Nitric Acid wash. —

When we are a Surgeon anxious there is almost always a disease within of the Bone or some of the parts internally. —

When there are Sinuses it is best to lay them open if situated in Parts where it can be done, if not, stimulating Injections must be used. —

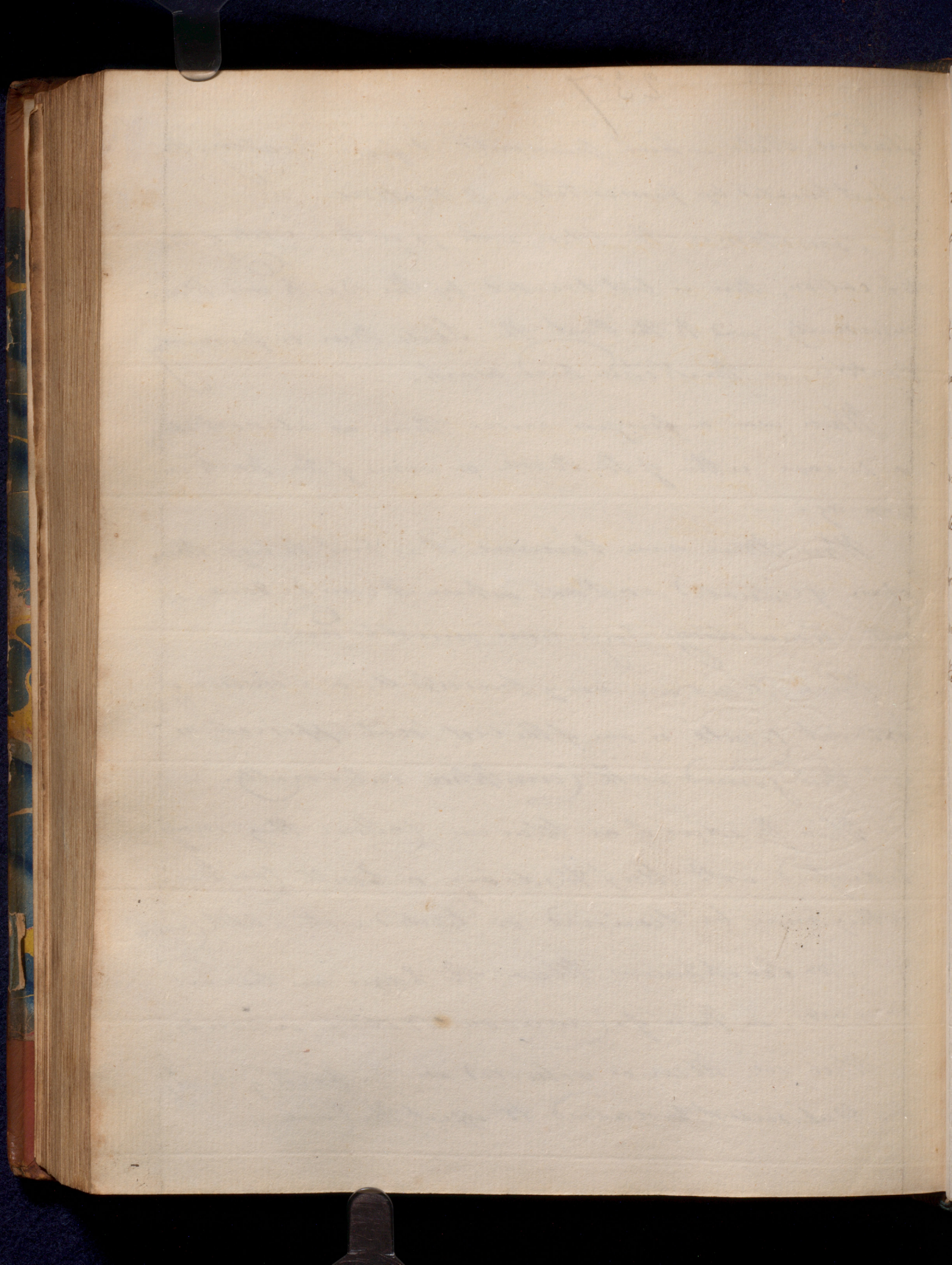
When Ulcers are very painful, a Solution of Extract Cicuta, is one of the best local applications and this joined with Camphor internally. —

When the edges of an Ulcer are callous, they may be dressed with Merg. Hydrarg. or Emul. Cantharis, or they may be scarified, or touched with a little Caustic.

In scrupulous Ulcers, the Edges are turned inwards, in those of cancerous Nature, outwards.

When an Ulcer is situated on the Back of the Leg the Heel must be raised to effect the Cure. —





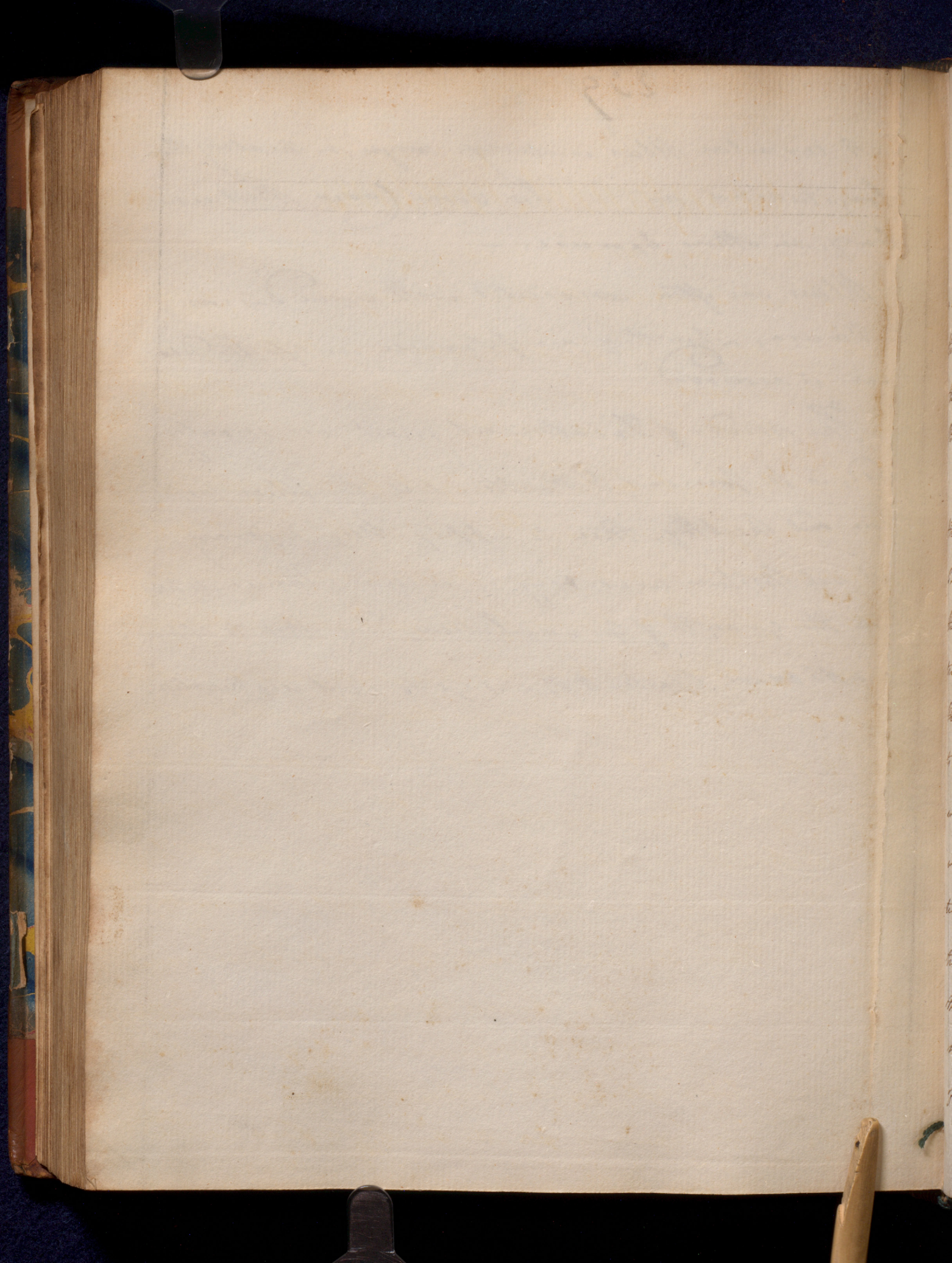


A circular Ulcer is always larger in healing than a longitudinal one. — In some Cases, Putridine-  
-ulcers, in others Excruciating. —

Ulcers are often connected with some disease of the Viscera, when they are of Seroin, until the Dis-  
-ease is removed. —

The mod. of Treatment most commonly  
used, is to foment & Poultice till the Ulcer looks  
clean and healthy, then to apply Ungt. Hydrarg.  
soft vel Putres according to circumstances, to pro-  
-mote the growth of Granulation, and then to apply  
the adhesive Plaster & Bandage to effect cicatrization.







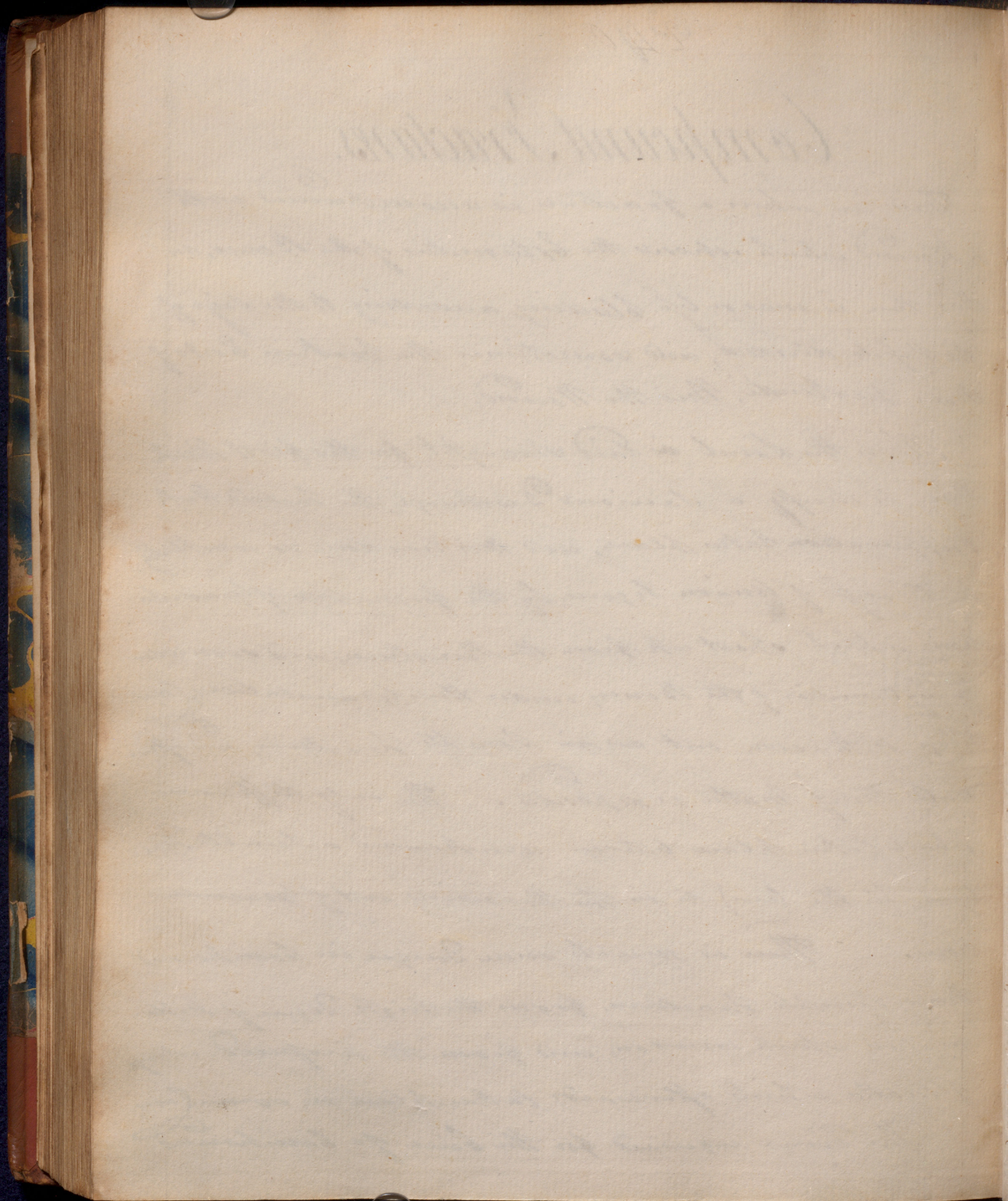
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## Compound Fractures.

These are when a fracture is accompanied with a Wound which exposes the Extremities of the Bones, in this there is more or less bleeding, according to the size of the Vessels divided, and sometimes the broken Ends of Bone protrude, thro' the Wound. —

When the Limb is laid straight, for the first Week there is chiefly a sanious Discharge, the second Week Suppuration takes place, and this is as done so completely the Process of Union begins, by the formation of Granulations which shoot up from the Periosteum, and soon cover the Extremities of the Bones; under these Granulations Cartilage is thrown out as in Simple Fractures, and afterwards Bony Matter is deposited. — The only difference which takes place between compound and Simple Fractures, (i.e. the Cure) is in the throwing out of Granulations. — There is much more Danger in Compound than Simple Fractures, from the high Degree of Inflammation which comes on, and from the profuse Discharge of Matter which afterwards takes place in consequence. The Time required for the Cure of a Compound







Fracture, is in general as long again as a simple Fracture of the same part.

If the Bone is broken into several different pieces, they will gain union, if those pieces are large.

Treatment. If there is no bleeding, a common Pott's may be applied, and confined with the many tailed Bandage. - If there is hemorrhage, this must be stopped either by the application of lint or by the Vessels being secured with ligatures, and over this a Poultice.

If it is the Leg, this will be best laid on the outside except the wound is on that side.

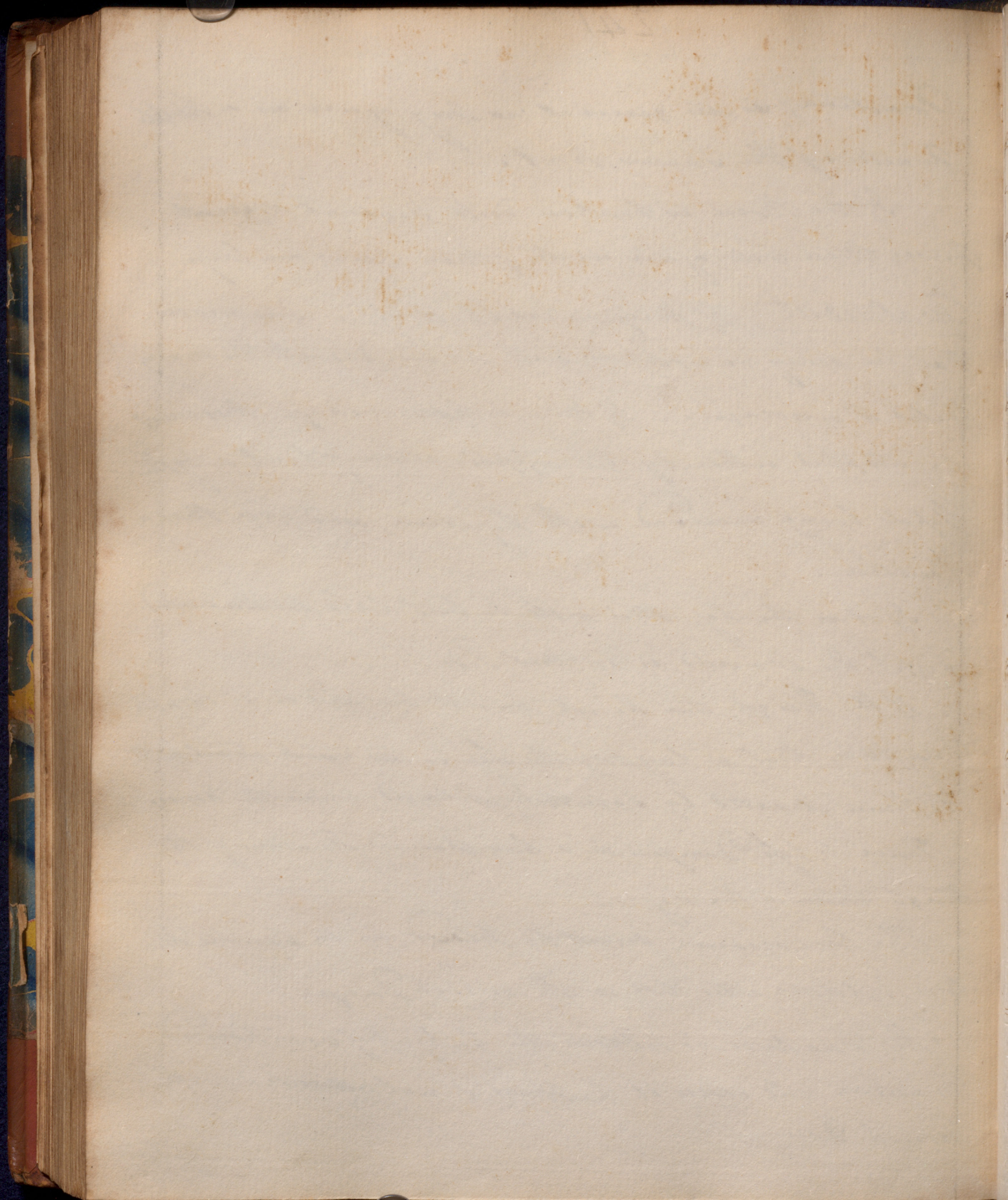
If the Thigh, the limb must be laid as in Simple Fracture, that is laying the Leg on the back part, with the knee elevated by something placed under the knee.

There is less Danger in a Compound Fracture of the Thigh than of the Leg.

The Accidents, must be placed as in Simple Fracture, seldom attended with much Danger.

The Fore arm is seldom the subject of Compound Fracture, and when it happens, is not attended with much Danger.







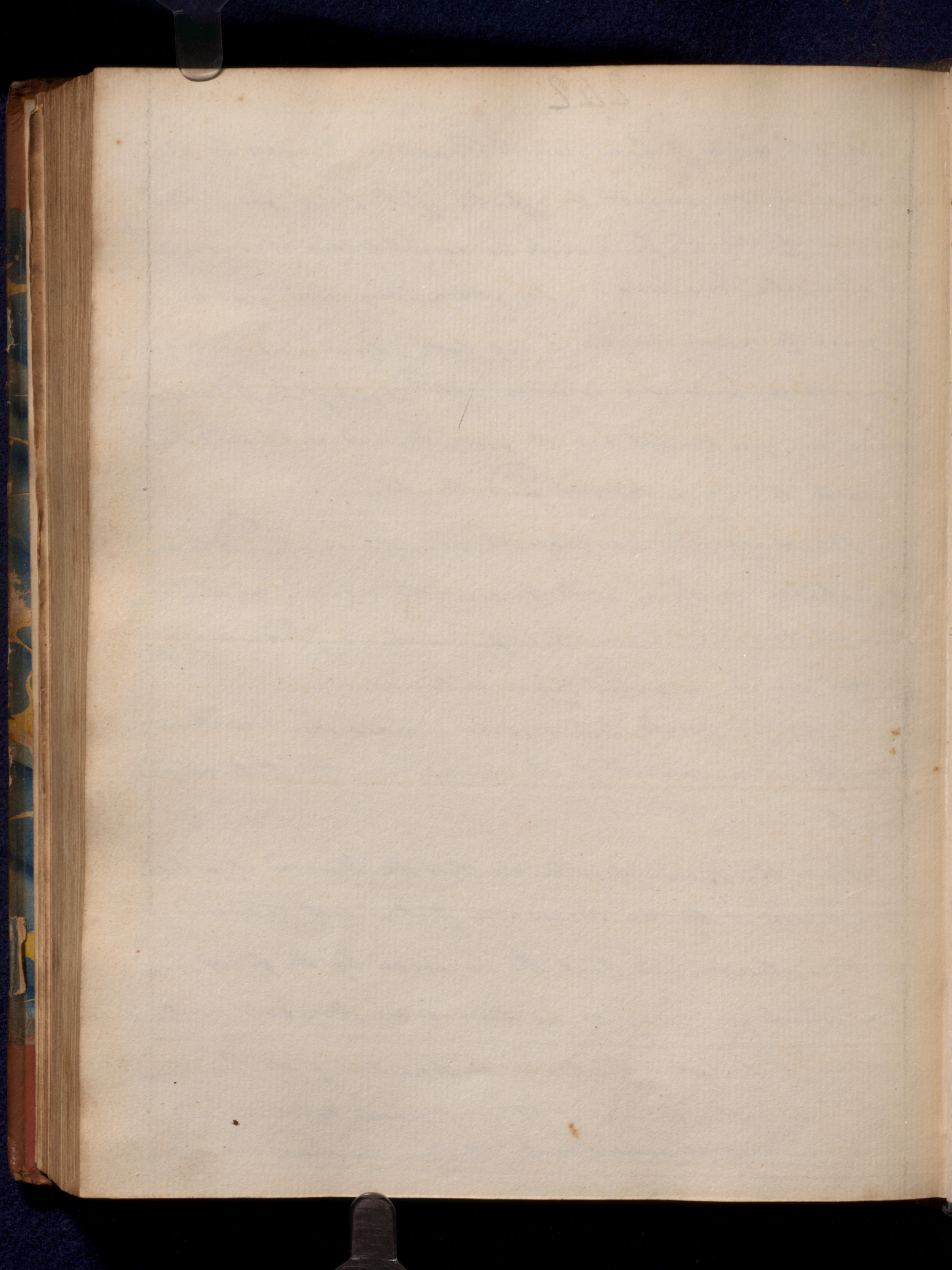
In all Cases of Compound Fracture, Union by the first Intention must be effected if possible, for if this can be effected, the cure will be completed as soon as in Simple Fracture. In attempting this, you must frequently examine the Limb both above and below the Fracture, and if a considerable Degree of Inflammation comes on, you must desist from the attempt and have recourse to Fomentations and Poultices.

Bleeding in compound Fractures should be avoided as much as possible as then will frequently, regain all the Patient's strength to carry him thro', from the large Discharge of Matter which in some Cases takes place. —

Purgings should likewise be avoided as much as possible, on account of its disturbing the Patient and Limb.

When the Bone protrudes thro' the Wound it is better to return it by an Incision, if it is not denuded of its Periosteum, and heal the Incision by the first Intention, which you may do, as there is no Bruised part, but a clean cut, but if the Bone is denuded of its Periosteum then it is better to take it off, as it would exfoliate, and if there are any sharp Points of the Bone, they should be removed.







When a Bone is very much shattered, the shattered Portions should be removed, by making an Incision, if that is necessary. -

Sometimes a very high Degree of Inflammation comes on upon the Part, generally about the 5<sup>th</sup> or 6<sup>th</sup> Day, producing, great Swelling and Pain; Vesications form on the Part, Mortifications takes place, and ending in Death.

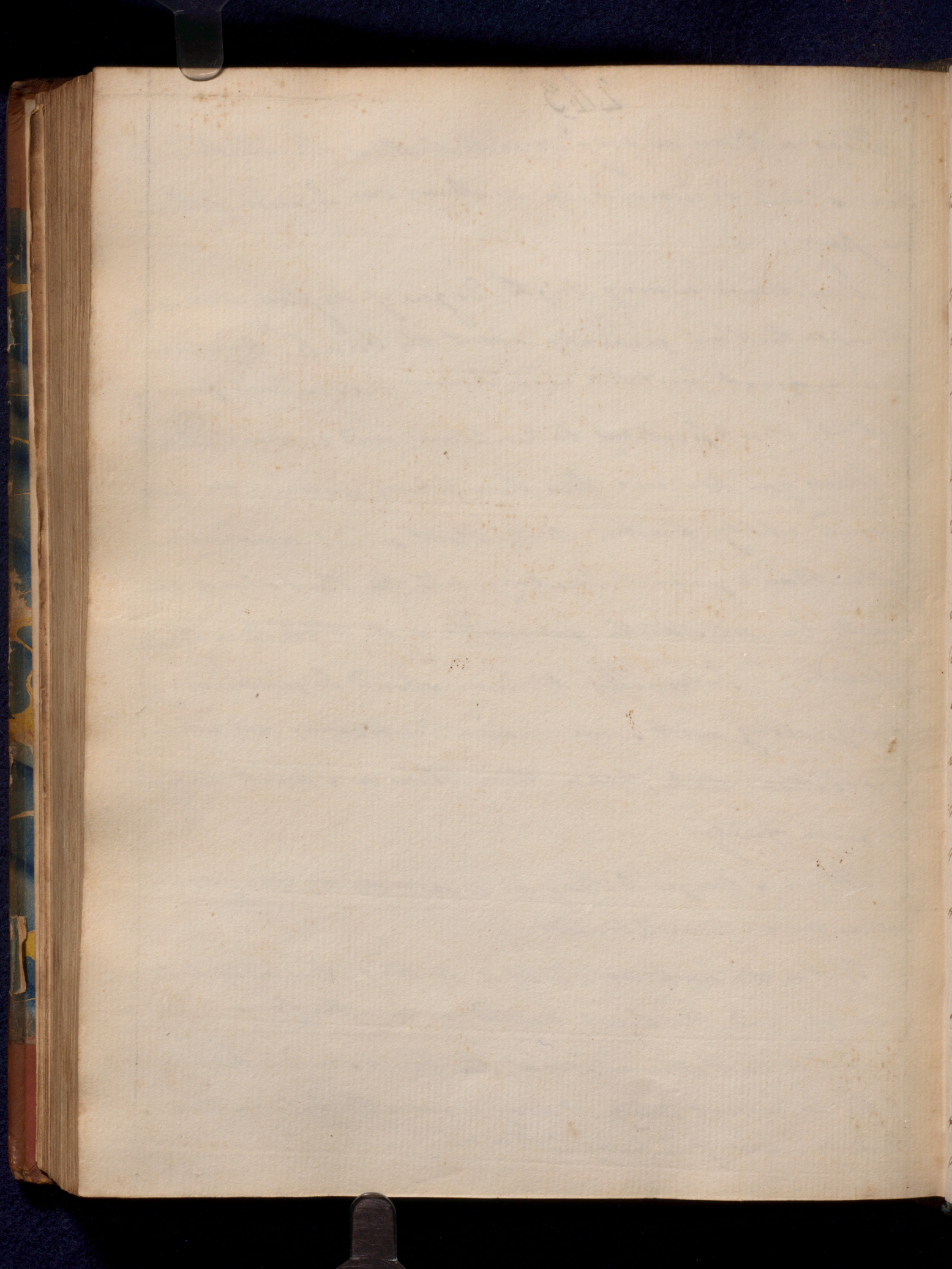
When you perceive these Symptoms coming on you should apply Leeches to the Part, which answers much better than a general bleeding, and the Part should afterwards be constantly fomented, or the Plaster Parvæ Poultice applied. - Internally Opium should be given very freely, along with some saline Medicine; and when Vesications take place, then Wine or Spirit may be given freely.

When a large Artery is wounded, the Case becomes more complicated. -

If it is the anterior Tibial Artery, this may be taken up, and the Limb treated as in the former Case.

If it is the Posterior Tibial, the Limb should be amputated. If the Interosseal Artery, it may require the Tibula sawing this to allow of it being taken up. -







When the Brachial Artery is wounded in Compound Fractures, it generally requires Amputation. —

If a compound Fracture enters a large Joint, it will be necessary to amputate, unless the Wound can be healed by the first Intention. — But if it is the Elbow or Ankle Joint, this would often be necessary. —

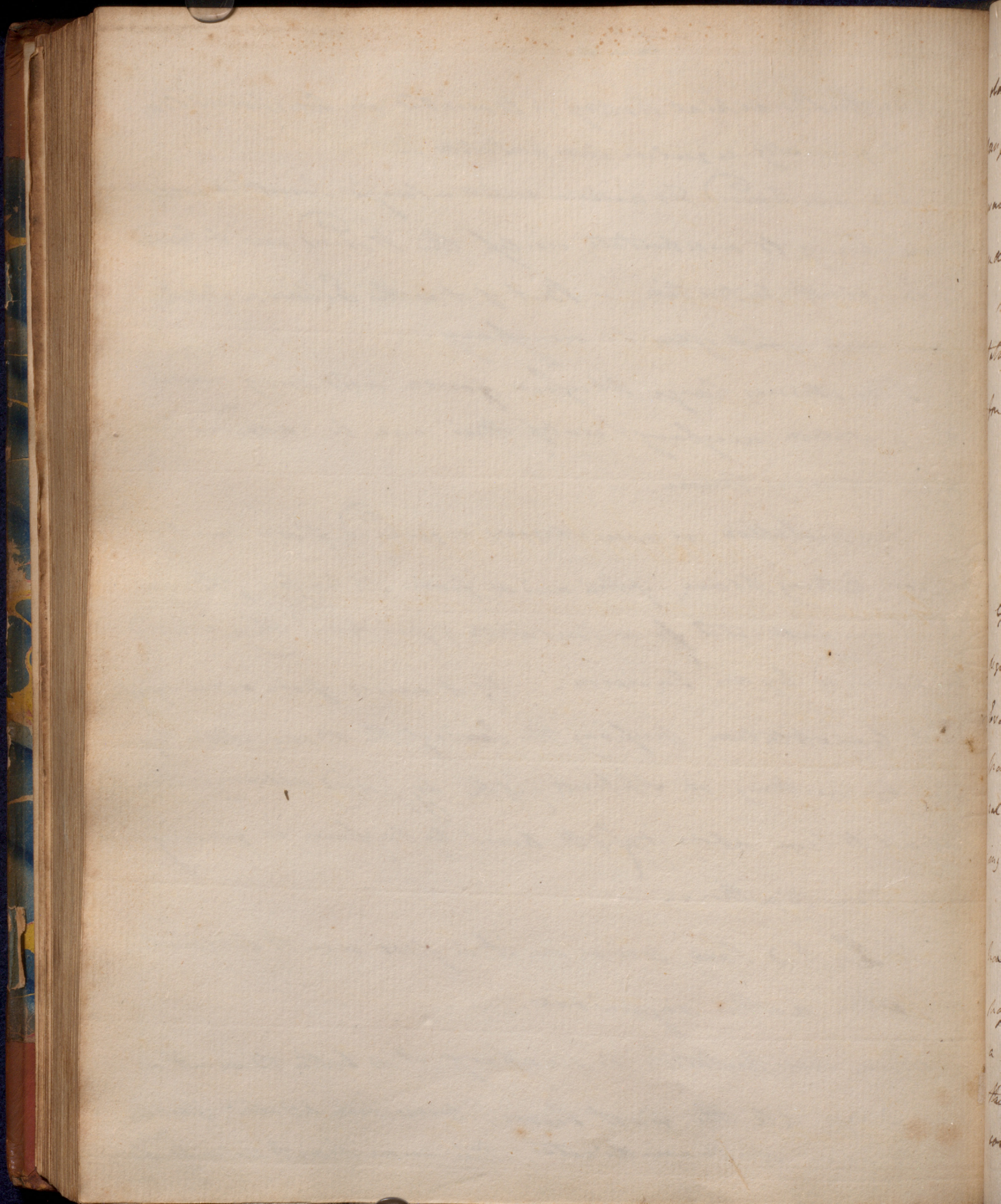
Sometimes large Abscesses form and may render Amputation necessary, unless they can be avoided by freely opening them. —

Amputation is sometimes required, from want of Union taking place, if this arise from Shifting of Bones (which are indicated by a sensation of picking), they should be removed by an Incision. — If it arises from some defect in the Constitution, keeping the ends of the Bone close together by putting on Splints (if the leg) and allowing the Patient to lean upon it (if the Arm) by keeping in forcing them close together. —

If Locked Jaw comes on, it is far wiser to amputate or if either rather injurious. —

When Amputation is necessary it is better to wait a few Days till the first Symptoms are abated, if not, Particular contraindications, then more particularly in







old or very suitable Habit, no there is always more danger from immediate Amputation, than after waiting a few days, or 'till the Patient is somewhat recovered.

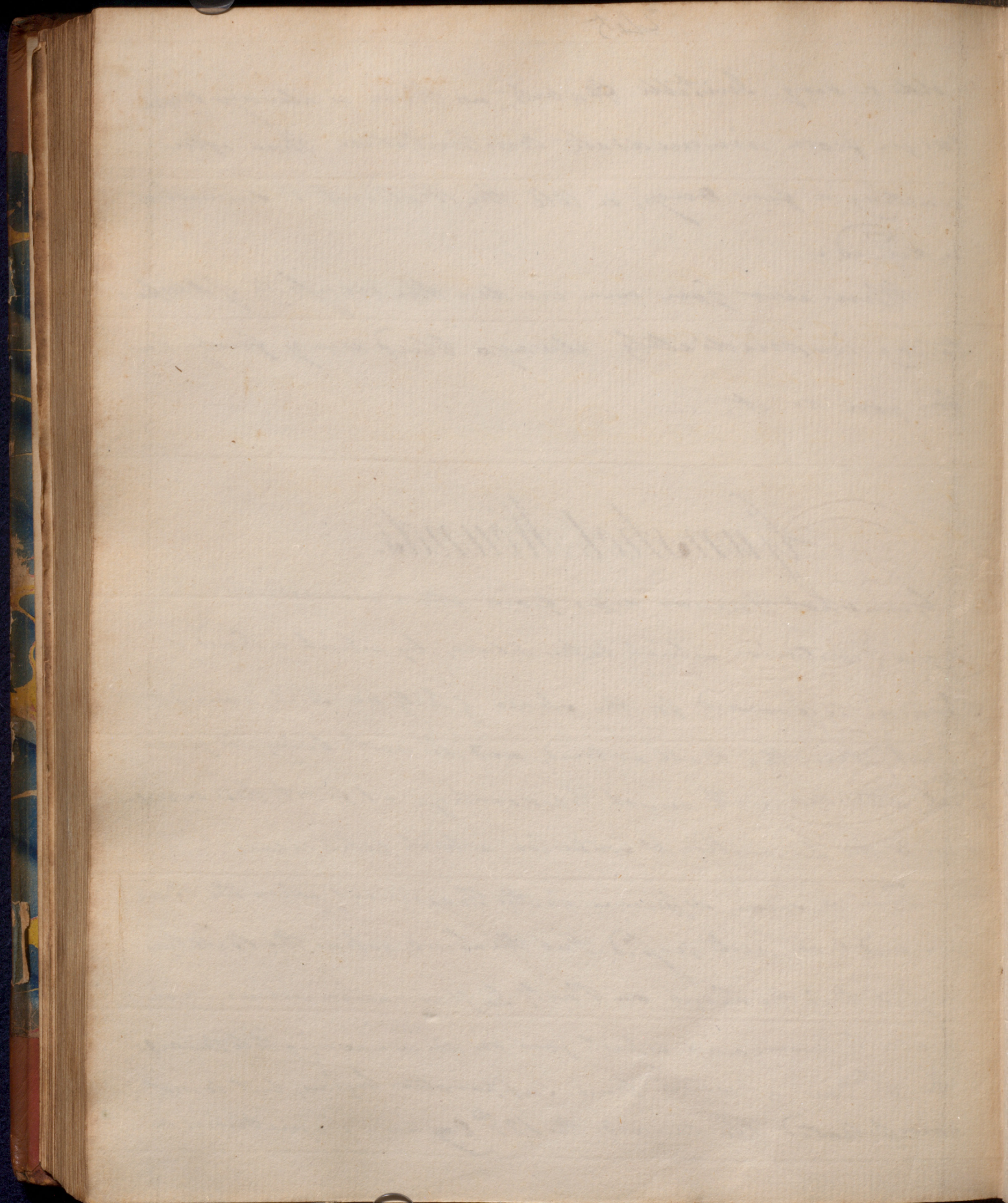
When ever you are under the necessity of Amputating immediately, always bleed very freely before you do it. —

## Gunshot Wounds.

Gunshot Wounds differ from other wounds in the degree of contusion which takes place, by which a kind of Eschar is formed for the space of half an Inch, round the part where the Ball entered, and is not being in general attended with much hemorrhage at first; this is owing to the Laceration & Contusion which takes place. —

There is some difference in the Treatment when the Ball has and has not passed thro' the Limb, when the Ball has passed thro' the Limb on Part; Inflammation comes on in a short time, and which goes on increasing 'till towards the 6<sup>th</sup> Day at which time Suppuration begins, but is not completed 'till towards the 12<sup>th</sup> Day. — Sometimes a







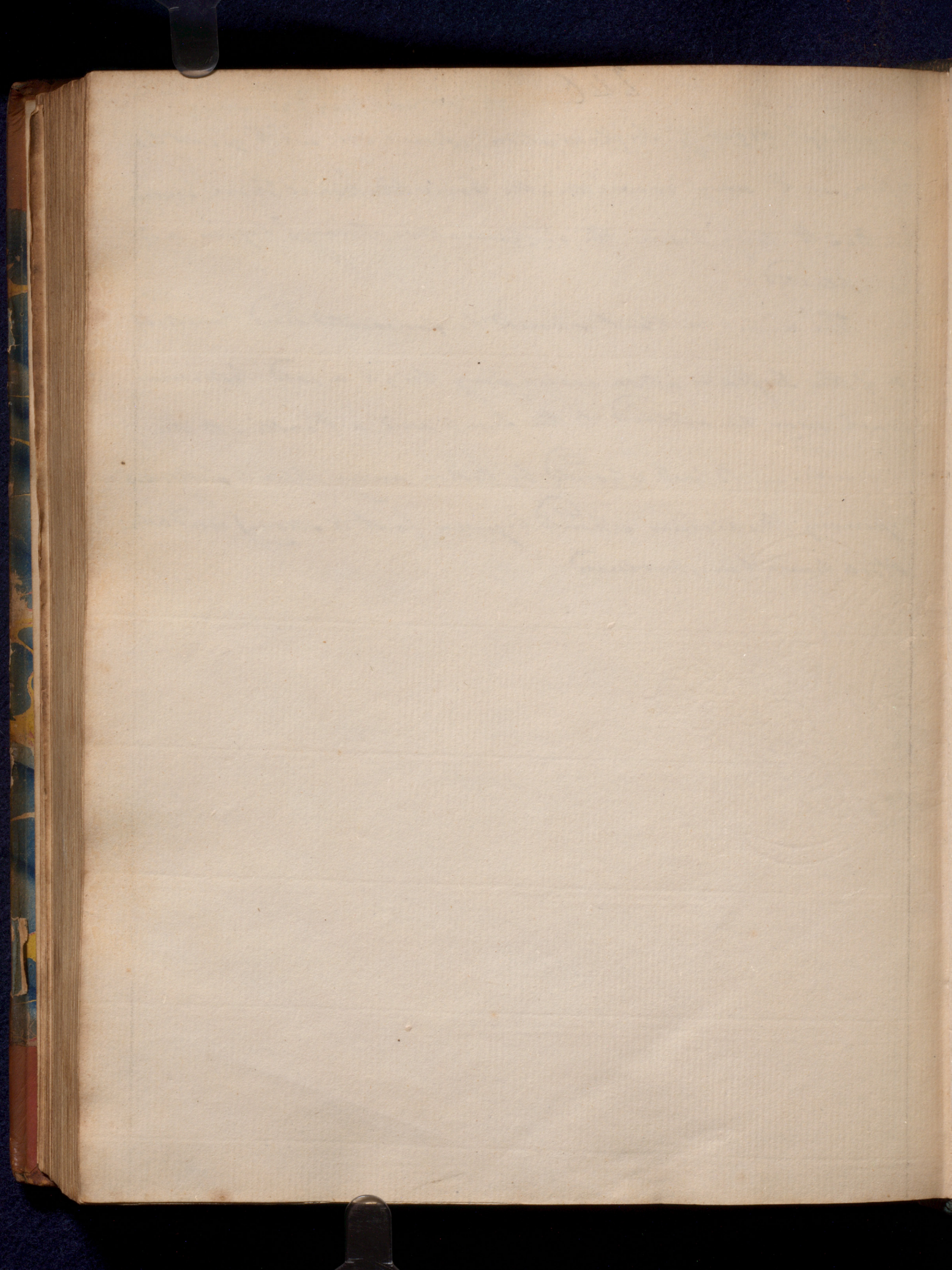
245

Really 111 + 245 leaves, for 34 is double;  
126 four leaves, leag. 238 missing.

very high degree of Inflammation comes on, with great Irritation, with very considerable Constitutional Fever, ending in Death long before the Suppurative Process begins or is completed.

The Limb or Part should be fomented and Poulticed, or if the Inflammation runs very high a cold Saturnine Linctus may be applied to the Limb and a Poultice to the Wound. — Blood should be taken away plentifully, and Opening Medicines should be given, (not too strong) and when Stools have been procured

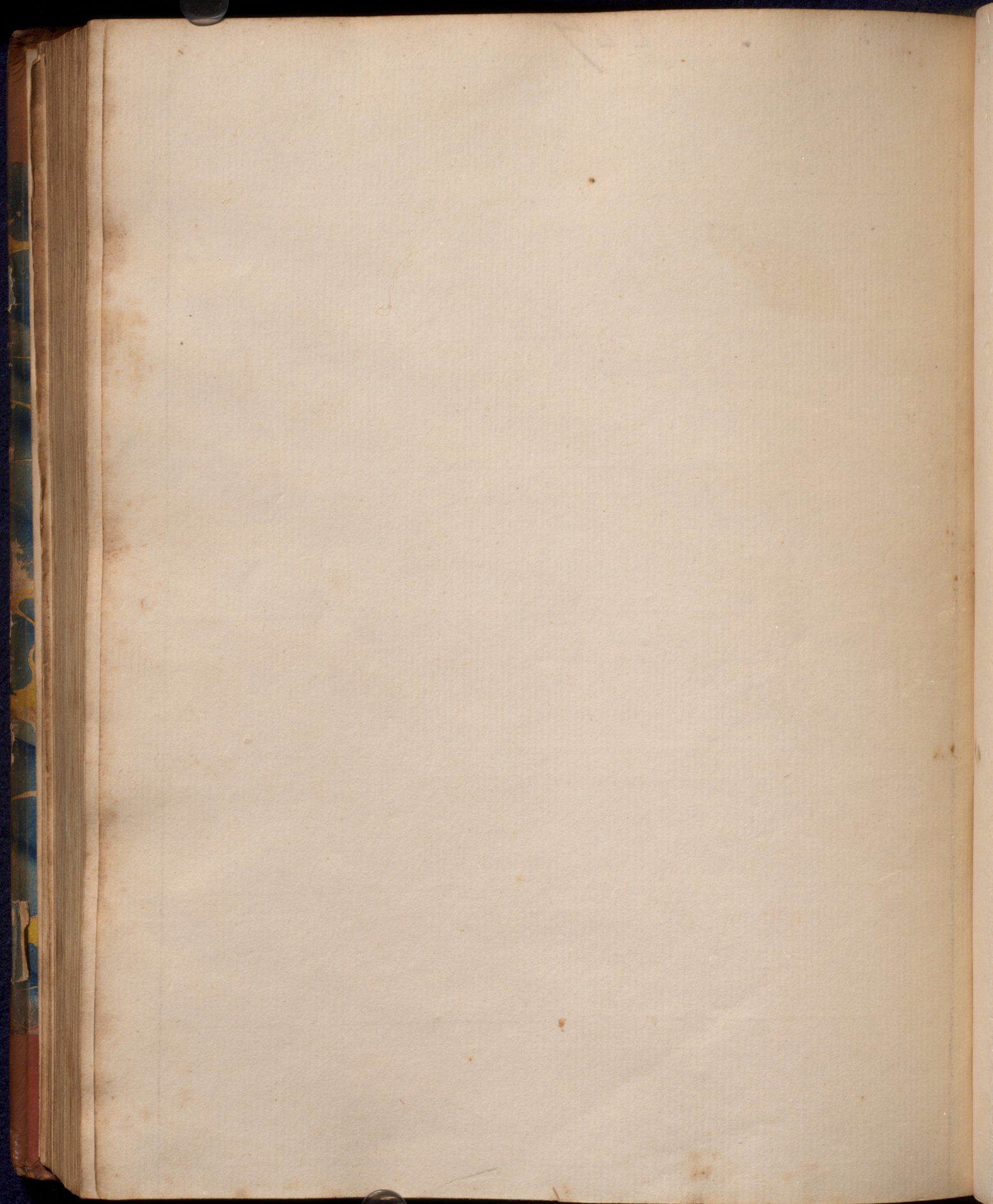






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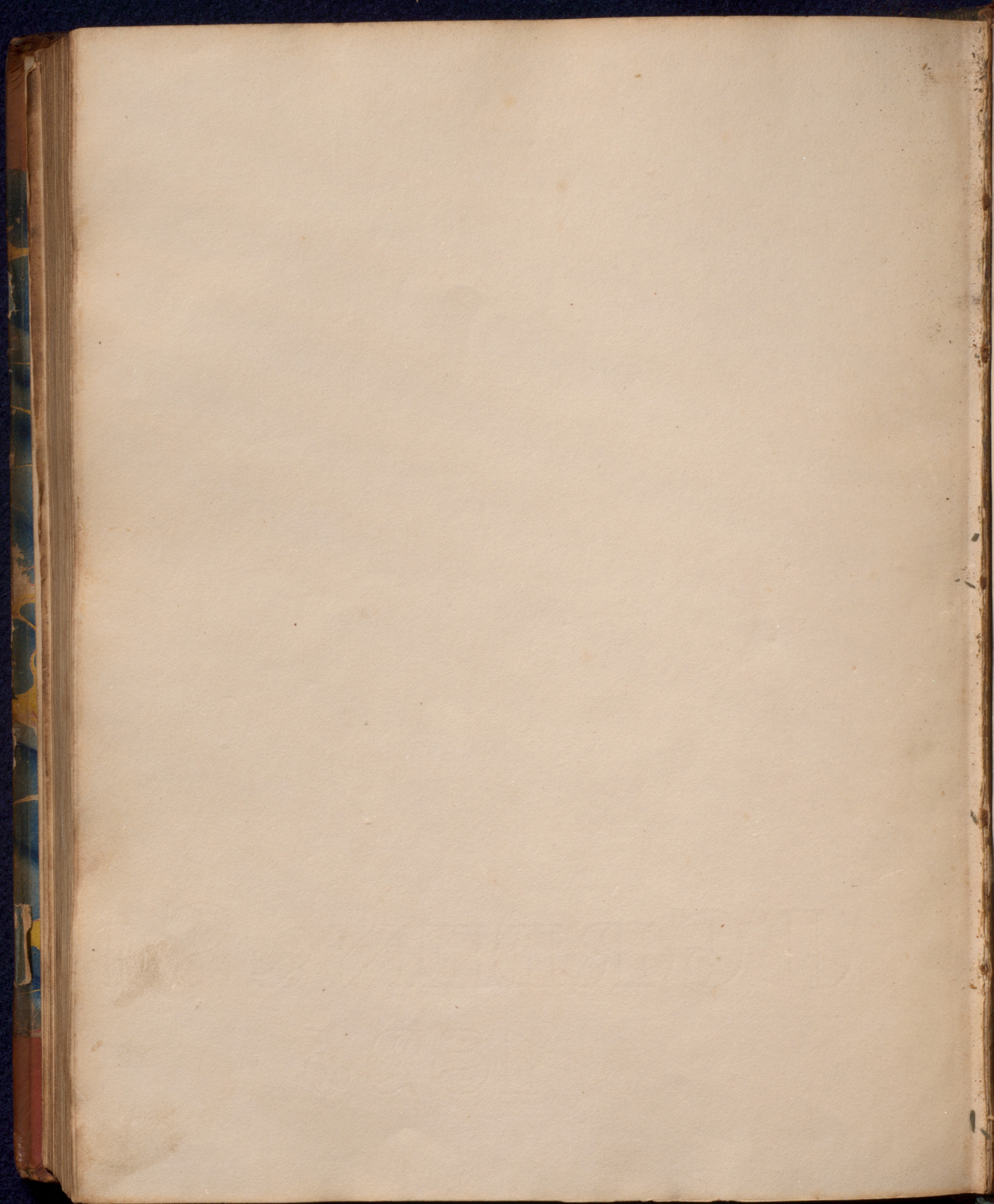








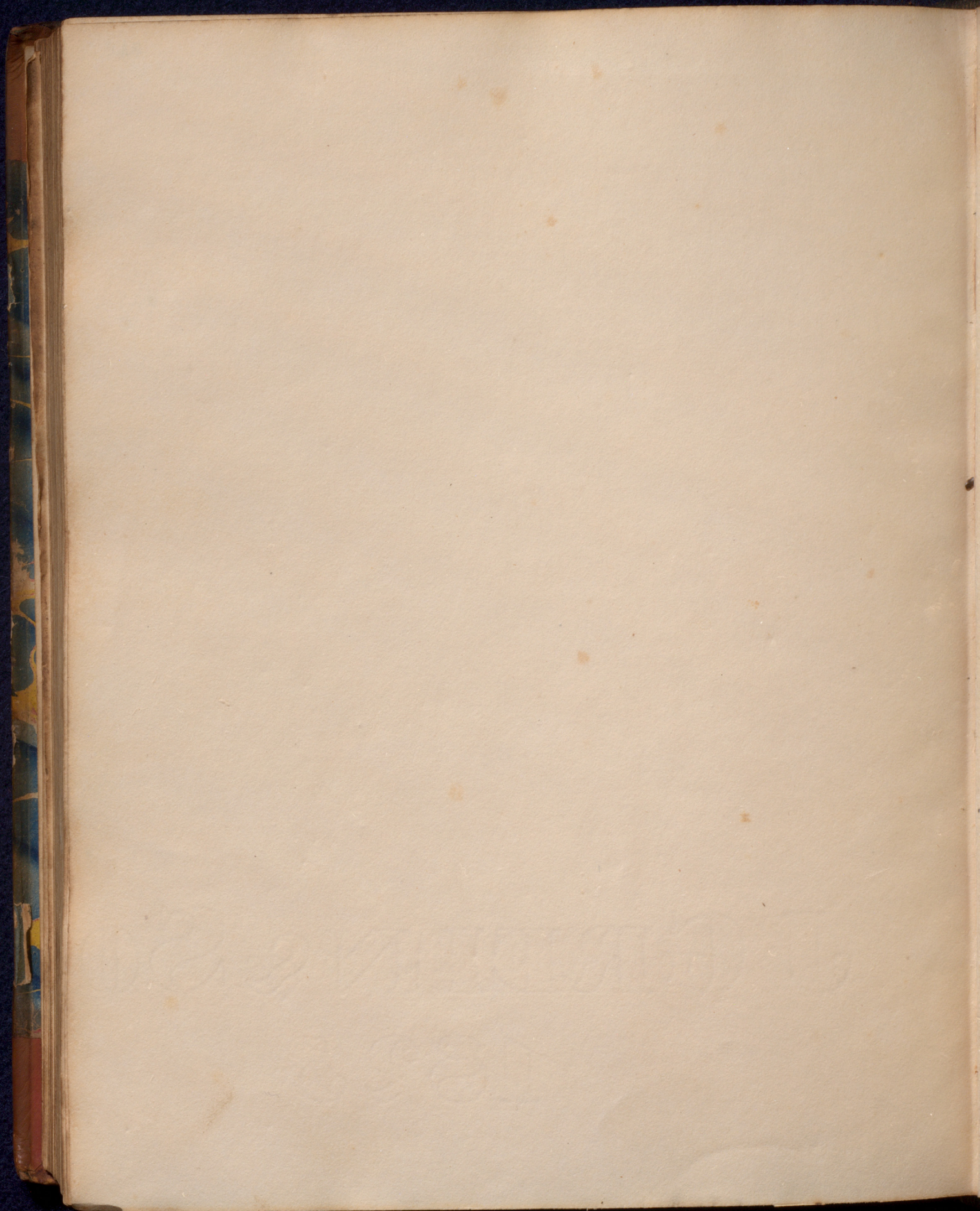














Really iv + 252 leaves, for

f. 34 is double,

f. 126 = 4 leaves,

ff. 237-8 = 1 leaf.



